10700

			CATE OF DEATH Reg. Diat. No.	307-
. Di 165 05 5	P 1 T11		Reg. Diat. No.	
1. PLACE OF D	Wag	hington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	gerstown	Maryland	state Maryland county Washingt	on
Magnital Inctitution	Ar circal address where	Maryland mits, write RURAL and give nearest town) ile death occurred:	City or town Hagerstown (If outside city or town limits, write RURAL and give Sireet No. 837 West Washington Str	nearest town)
837 West Washington Street			(If rural, give LOCATION)	
How long in hospital	or institution?		2.(a) It veteran, name war	
3. (a) FULL NA	ME		3. (b) Social Securi	ity Number
	Alta	Cushwa Ardinger	NONE	
4. Sex	5. Color er race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Widow	2D. DATE DF DEATH. 9 - 1 - 4 - 3 - 3	.412-
	0	ge L. Ardinger	20. DATE DF DEATH	
7. Birth date of deceased (mo., da) 8. AGE: Ye 9. Birthplace H 8	August August Months The properties of the control of the contr		and that I last saw harmalive on	19
	Housewo	ork	Due to.	
11. tndustry or busin 12. Name	rederick	Semler	Dther conditions	
		cka Brezler	(Include pregnancy within 3 months of death)	
14. Maiden nam 15. Birthplace	le	•••••••••••••••••••••••••••••••••••••••	Major fisdiags of operations.	
₹ 15. Birthplace	Germany		Date of op	
16. Informant	Charles A.	. Ardinger	Aotopsy results	
Address Hai	gerstown,	Maryland	PHYSICIAN: Please underline the caose to which death should be charge	ged statistically.
17. Buri	Bl	Bate thereot 10-13-48	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Cemetery or crem	atory Rest Ha	aven Cemetery	Where did injury occur?	(State)
LocationH	agerstown	, Maryland	Injured at home, tarm, Industry, public place (where?)	***************************************
18. Funeral director	C. M. Su	ter & Sons	Mssns of Injury Injured at work?	
Address H	agerstown	Maryland	(23. SIGNATURE GWAID)	
		1111 111	23. SIGNATURE	

19. (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING





1. PLACE OF DEATH: Washington (If outside city or town limits, write RURAL and give nearest town Years How long in above place of death?.... Hospilal, Instilution, or street address where death occurred: 120 Alexander How long In hospital or Institution?.....

County Washington Hagerwtown
(If outside city or town limits, write RURAL and give nearest town) 120 Alexander 3St. (tf rural, give LOCATION) 2.(a) If veteran, name war. No pe

3. (b) Social Security Number

217-10-6925

JAMES HOWARD BAGLEY 6.(a) Single, married, widowed, or divorced Ma.le Marradd White Vista white 6.(b) Nams of husband or wifs .. 45 . 8.(c) ft alive, give age 7. Birth date of September 27 1900 deceased (mo., day, yr.) Months If less than one day Years 8. AGE: 9. Sirthplace Padford Valley Pa. (Town, county, and state)

October 23 1948 19 31 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw h MM afive on 10.23.4 DURATION

MEDICAL CERTIFICATION

Savoy Restaurant James H Baglev Bedford Valley Pa. 13. Birthplace

Chef.

Etta Dreming Bedford Valley Pa.

Mrs. Vista Baglev

Hagerstown Md. Address Burial (Burial, cremation, or removal, Which?)

Cemotery or crematory St. Thomas cemetery Bedford Pa. George Funeral Home 18. Funeral director...

Cumberland Md Address (Date rec'd by registrar)

PHYSICIAN: Please underline the caese to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing;

Accident, suicide, or homicide,.... Whors did Injusy occur? (City or town)

(Include pregnancy within 3 months of death)

Major fiedings of operations.....

Injured at home, farm, Industry, public place (where?) Means of Injury

23. SIGNATURE M. D. or other

WRITE

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3. (a) FULL NAME

10. Usual occupation

STATE REPORTS PROPERTY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

BINDING FOR

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1. PLACE OF, DEATH; County Washington Hagerstown or town timits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Washington County Hospital 2 Days How long in hospifal or Institution?..... 3. (a) FULL NAME Pamela Baker 5. Color or race 6.(a) Single, married, widowed, or divorced Single remale White . 6.(c) If alive, give age years deceased (mo., day, yr.) Oct.29,1948 if less than one day 8. AGE: 9. Birthplace Hagerstown, Wash., Maryland (Town, county, and state) None 10. Usual occupation... 11. Industry or business 12 Name Charles Roger Baker 13. Birthplace Grimes Station , Maryland 14 Maiden name Hilda Louise Yeakle 2 15. Birthplace Big Spring , Maryland 16. Interment Mr. Charles R. Baker Address Williamsport, Md. RFD#1 Burial (Burial, eremation, or removal, Which?)

St. Pauls Cemetery (month) (day) (year)

Location "ear Clearspring , Md.

18 Funeral director Mrs. Edith V. Leaf Address Williamsport, Md.

(Date rec'd by registrar)

CERTIFICATE OF DEATH Reg. Dist. No. ... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington Maryland City or town Williamsport RFD #1 (If outside city or town limits, write RURAL and give nearest town) Street No. Williamsport RED #1 (If rural, give LOCATION) None 3. (b) Social Security Number None MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Detober 29 1948 10 Oct. 31 (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please noderline the cause to which death should be charged statistically. November 1,19428 VIOLENCE: If death was due to external causes, fill in the following: Where did Injury occur? Injured at home, farm, Industry, public place (where?)

especially



LIFE MILE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Y. PLACE OF DEATH: County Washington Co	ounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town St. James (If outside city or town li	mits, write RURAL and give nearest town)	C.I. T		
Now long in above piece of desth?	Life	(If outside city or town limits, write RURAL and give		
St. Jai	es Rural	Streel No. (If rural, give LOCATION)		
		2.(a) tf veteran, name war		
3. (a) FULL NAME		3. (b) Social Secur	rity Number	
Marlin Gene B	rown	MEDICAL CERTIFICATION		
Male White				
wate will ce	Single	20. DATE OF DEATH October 14. 19.4		
8.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended	O-4 10 4	
W Mallada ad	8.(c) If alive, give ageyear	and that I last saw h. 120 alive on 12 0 cl	19.9	
decessed (mo., day, yr.) AUGUST	13,1948	Immediate cause of death	DURATION	
8. AGE: Years Months	Oays If less than one day	bannshing	2 800	
0 2	allo			
8. Birthptace. Hagerstown.	We chineton Me.maile.	Que to		
(lown,	county, and state		***************************************	
10. Usust occupation		Que to		
10. Veust occupation		Oue to		
10. Usust occupation		Oue to		
10. Usust occupation	. Brown	Oue to		
10. Veust occupation	. Brown	Oue to		
10. Usust occupation	. Brown	Oue to Dther conditions		
10. Usust occupation	. Brown	Out to		
10. Usust occupation	Brown ner Brown d. H. Brown	Oue to		
10. Usust occupation 11. Industry or business 12. Name, Charles H 13. Birthplace Maryland 14. Matten name Mary Don 15. Birthplace Maryland 16. tnformant Mr. a. Charles Address St. James Maryland	Brown ner Brown h. Brown aryland.	Oue to	orged statistically.	
10. Usust occupation 11. Industry or business 12. Namo	Brown d. H. Brown aryland. Date thereof Oct. 16, 1948	Oue to	orged statistically.	
10. Usust occupation 11. Industry or business 12. Name, Charles H 13. Birthplace Maryland 14. Maiden name Mary Don 15. Birthplace Maryland 16. informant Mr. a. Charles Address St. James Maryland 17. Burial (Burial, cremation, or removal, Which? Cemetery or crematory Rose	Brown aryland. Date thereof Oct. 16, 1948 (month) (day) (year) Hill Cemetery	Oue to	(State)	
10. Usust occupation 11. Industry or business 12. Namo, Charles H 13. Birthplace Maryland 14. Matten name Mary Don 15. Birthplace Maryland 16. Informant Mr. a. Charles Address St. James Maryland 17. Burial (Burial, cremation, or removal, Whicher Cemetery or crematory Rose Location Hager	Brown d. H. Brown aryland. Date thereof Oct. 16, 1948 (month) (day) (year) Hill Cemetery stown, Maryland	Oue to	(State)	
10. Usust occupation. 11. Industry or business 12. Namo. Charles H 13. Birthplace Maryland 14. Matden name. Mary Don 15. Sirthplace Maryland 16. Informant Mr. a. Charles Address St. James Ma 17. Burial (Burial, cremation, or removal, Which Cemetery or crematory Rose Location Hager 18. Funoral director. Fred W	Brown Date thereof Oct = 16, 1948 (month) (day) (year) Hill Cemetery stown, Maryland Kraiss	Oue to	(State)	
10. Usust occupation. 11. Industry or business E	Brown d. H. Brown aryland. Date thereof Oct. 16, 1948 (month) (day) (year) Hill Cemetery stown, Maryland	Oue to	(State)	

RECEIVED

OCT 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington

HASEISTOWN (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years Hospital, Institution, or street address where death occurred:

649 Potomac Ave How long in hospital or institution?...

3. (a) FULL NAME

information carefully. The correct age of death clearly and legibly.

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MRS BLANCH MARTIN

deceased (mo., day, yr.)

75

1D. Usual occupation.....

11. Industry or business

12. Name

13. Birtholace

14. Maiden name...

14. Maiden nar 9 15. Birthpiace

8. AGE:

6.(a) Single, married, widowed, or divorced White warried Female

Edward L. 6.(b) Name of husband or wite.....

. 5.(c) If alive, give ag 7.6

October 6 1873 Months It less than one day

Wash. Co. Md.

(Town, county, and atate) Housewife

Own Home Silas Beard

Smithsburg Md.

Clara wartin Smithsburg Md.

Edward L. Burger

Hagerstown Md.

Address Burial

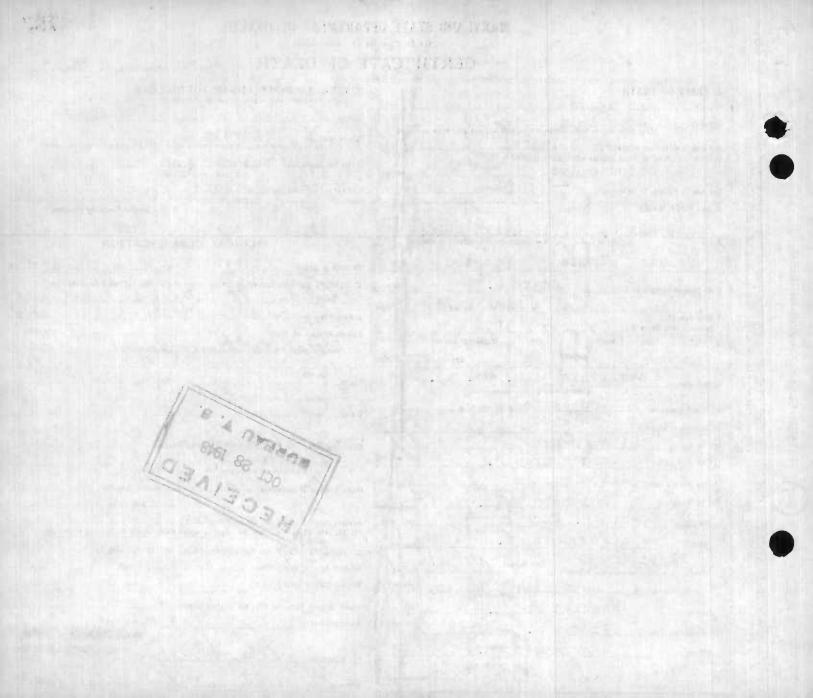
(Burial, cremation, or removal, Which?) Rose Hill Cemetery

Hagerstown Ld. Andrew K. Coffman

Hagerstown, Md. Address

(Date rec'd by registrar)

Registrar



The correct age

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legible

WITH UNF important.

WRITE PLAINLY, is especially

PLEASE

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Dr. Wells 793

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

md. Date eigned 10/19/48

			CERTIFIC	AIE OF DEA	IH	Reg. Di	st. No	302
1. PLACE OF DEATH: Vashington					ENCE (HOME) Ol			
City or town			State Mary J City or town (1 f or 1 f	State Maryland Couoly Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name wer. None			rest town)	
3. (a) FULL NAME	PETE DEAT	or nin	owe			3. (b) Socia		
4. Sei	FIE PEAR	6.(a)Singl	o, married, widowed, or divorced	1.	MEDICAL CE	PRIFICAT	None	1
Female	White		arried	20. DATE DE DEATH	october 18			4 /30
6.(b) Name of husband o	r wito	Wil	liam	21. I CERTIFY that dea	ath occurred on the date abo	ve stated; that I e	itended decee	reed trom
7. Birth date of		8.(2) If alive, give age 50	and that I last saw h_	8 19.	cf 18		1948
deceased (mo., day, yr.	Months	Days	tf less than one day	Immediate cause of d	leath		,	DURATION
52	8	6	hrs.	min. Vascul	ar Hyperte	nsion	**************	***************************************
9. Birthplace	No Recor	d	state)	Due to auri	cular fibr	illati	on	***************************************
10. Usual occupation	(Town,	county, and	state)		glomerule	r neph	ritis	***************************************
11. Industry or business	Own 1	inne		Duo toacute	cerebral	embolu	18	24hrs
part I was transfer and	Record			Other conditions				
13. Birthplace	No Recor			(Incl	ude pregnancy within 3 n	nonths of death)		-
14. Maiden name				Major fiadiogs ol ope	rations Roman	<i>!</i>	***************	
	No Reco							
				Actopsy results PHYSICIAN: Please	underline the caose to wh	ich death should	he charged	statistically.
	lagerstov		4 .	22 VIOLENCE, 14 44	eath was due to external cau	see, till in the foll	lowing;	
17. Buria	or removal. Which?)	Date ther	est 10/20/48 (month) (day) (year	Accident, suicide, or h	nomicide no	D	ale of	
Cemetery or crematory Rest Haven Cemetery			Where did injury occu	Where did injury occur? (City or town) (County) (State)			(State)	
Location	Location Hagerstown Md.			Injured at home, tarm,	, industry, public place (wi			
18. Funeral director	Andrew	K. Co	offman	Meens of Injury	1 0	1	et work?	\
Address	Hagers	town	Md,	23. SIGNATURE	1. Woher	We	el.	M.D.
19. Oct //	9, 19 48	6	hearth Jour	Address Address	erstown		M. D. o	,

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OCT 21 MB

BUREAU Y. B.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Washington
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No. Washington St.
Washington ST, Hancock, Md	(If rural, give LOCATION)
How long in hospital or institution	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	arr 232-26-7986
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH OVER 3. 19.48 of 530 p. m
6,6) Name of husband or wife MedaMY Langhlin Carr	21. I CERTIFY that death accurred on the date above stated; that tattended deceased from
7. Birth date of	October 19177, 10 173/47 19
1. Birth date of deceased (mo., day, yr.) M 27. 28 1883	and that I last saw harded alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death De arules so Tien Should
65 6 5min.	
9. Birthplace Warford Sburg + ulton Co. PENNS (Town, county, and state)	Due to The ole and the
10. Usual occupation Carpenter	Due to.
11. tndustry or business	DUG 10
12. Name Charles Cary 13. Birthplace Washington Co. Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Abi qail Truax 15. Birthplace Fulton Co. Penna.	
15. Birthplace Tulton Co. Penna.	Major findings of operations
16. Informant MTS Meda Carr	Antopsy resnits
I MI	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 1 1 1 1000	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cometery or crematory St. I homas Episcopal	Where did injury occur?
Location Hancock Md.	Injured at home, farm, industry, public place (where?)
19. Funeral director Charles R. Bast	Means of injury injured at work?
Address Honcock Man	23. SIGNATURE XET able 7 MM
19. (Date rec'd by registrar)	Address Have of M. D. or other Date signed M. D. or other

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TO SEE SEE OF A SECOND ASSESSMENT OF A SECOND SECON

	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County ASHING TON City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 25. Hospital, institution, or street address where death occurred: 32 ROCKINE AUE How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State RESTOCIA City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME MARGARET ELIZABETH	CLEVENGER 3.(b) Social Security Number NONE
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced FEMALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife FRNEST F. CLEVENCER 1. Birth date of deceased (mo., day, yr.) AUGUST 26, 1902 8. AGE: Years Months Days If less than one day hrs. min.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 4.7., to OCT 19. 4.8. and that I last saw h. S
9. Birthplace EMMITS BURG FREDERICK, MD. (Town, county, and state) 10. Usual occupation. HOUSE WIFE 11. Industry or business	Due to Princery sete: Breast 1/20/48
12. Name LUTHER M. ZIMMERMAN 13. Birthplace EMMITSBURG, MARYLAND 14. Malden name EDNA WAESCHE 15. Birthplace THURMONT MARYLAND	Dither conditions
16. Informant ERNEST A. CLEVENGER Address 321 BROOKLINE ALE, HAG. MO.	Actopsy results
Cemetery or crematory Location Date thereof. (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
18. Funeral director. W. T. NORMENT Addréss /AGERSTOWN /D. 19. Deta 20. 18 48 GlasHBawers (Date rec'd by registrar) Registrar	23. SIGNATURE Lover University Lover Uni

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OCT 22 1948

BUREAU Y. S.

10 19.48

DURATION 2 weeks

CEI	RTIFICATE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: Washington Hagerstown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington
City or town limits, write RURAL and give Two Weeks How long in above place of death? Hospilal, institution, or street address where death occurred: Washington County Hospital. How long in hospital or institution?	City or town. Downsville (If outside city or town limits, write RURAL and give nearest town)
3.(a) FULL NAME William Russel Cline	3. (b) Social Security Number 215-09-7363
Male Single Single	d, or divorced MEDICAL CERTIFICATION 20, DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Left 25 18 48 to Oct 10 18 and that I last saw h MM alive on Oct 9 18 Immediate cause of death DUR
8. AGE: Years Months Oays If less than or 46 6 16 hrs.	ne day unaenia 2 m
9. Birthplace Downsville, Wash. Mary (Town, county, and state) 10. Usual occupation Dye Room Laborer 11. Industry or business Byron's Tannery	land Due to Cardia Vascular Renaldiano Oue to
12. Name	land Other conditions
14. Maiden name Florence Wolford 15. Birthplace Near Downsville, Md. Mrs. Percy Murray	(thelude pregnancy within 3 months of death) Major findings of aperations
Mrs. Percy Murray Address Williamsport, Maryland.	Antopay results PHYStCIAN: Please anderline the cause to which death should be charged statistically
Burial (Burial, cremation, or removal, Which?)	
Cemelery or crematory Manor Cemetery Location Near Tilghmanton, Maryla	Where did Injury occur? (City or town) (County) (State) nd Injured at home, farm, Industry, public place (where?)
18 Funeral director. Mrs. Edith V. Leaf	Means of Injury Injured at work?
Address Williamsport, Maryland.	23. SIGNATURE N. S. Porterfield M.D. or other



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington

Hagerstown (If outside city or town limits, write RURAL and give nearest town)

6 Hours How long in above place of death?...

Hospital, Institution, or street address where death occurred: ash. Co. Hospital

How long in hospital or institution?.

3. (a) FULL NAME

age

carefully

information of death clea

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JOHN SAMUEL CRILLY

white Male

Widower Carrie

September 22 1907

deceased (mo., day, yr.) Months 8. AGE:

47

11 industry or business

John crilly Virginia

14. Malden name Susan Cook

Clearspring Md. William Henson

Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory.... Green will cemetery

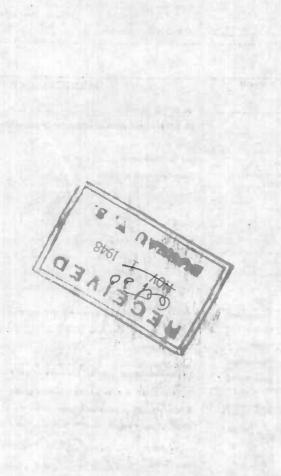
Andrew K.

Hagerstown w Address (Date rec'd by registrar)

Clearspring Wash, Co. Md.

Registrar

taccon med Date signed 10 /27



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother)
County Rabelly fall	··· m
City or town	State Many County County
ow long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
w long in above place of dealn?	1 110 01: -
Reletie Word.	Street No. 7. Guide LOCA LOON
long In hospital or institution?	2.(a) If veleran, name war
(a) FULL NAME	3. (b) Social Security Number
Navis John Davies	233-09-3080.
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH Def 6 1948 at 305,
(b) Name of husband or wife Jawella Me Read	21. I CEPTIFY that denth occurred on the date above stated; that t attended deceased from
	July 2 18 41, 10 Wet 6 19.5
Birth date of Section 6.(c) It alive, give age yes	ars and that I last say here alive on OCT 6 19.5
deceased (mo., day, yr.) QCT 18, 1866	Immediate squee of death, DURATH
B. AGE: Years Months Days It less than one day	Peripheral circulations 300
81, 11 18m	
drutt ella Care	attina elesoses
(Town, county, and state)	
Usual occupation Cabriet Makeer	B caroue anumica, 14
0 110.	Dug to Dug to Dug
1. Industry or business	
12. Name Thomas W. Staves	Diher conditions
13. Birthplace S. Mkles	(Include pregnancy within 3 months of death)
14. Malden name Asses Jacob	
15. Birthplace & Wales	Major findings of operations.
1 15. Birthplace d (Wayer	
6, Informant Bosp. Leon	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Remark 10/8/48	22. VIOLENCE: If death was due to external causes, fill in the following:
[Burial cremation or removal Which?] [Burial cremation or removal Which?] [Burial cremation or removal Which?]	Accident, suicide, or homicide
Cemetery or crematory Fair mount	Where did Injury occur?
7 7 6 64	
Localion Handen, Vachson C. Mao	Indiana at usual transit trans
18 Funeral director Walliam Cook Suc.	Moons of Injury Injured at work?
1212 St P 0 4	tim O +
Address & A H- Jane. 4.	- Ba SIGNATURE 1-111. Cercuque, M. O.

MARGIN RESERVED FOR BINDING

A15 S PLEASE WRITE

19. (Date reg d by registrar)

MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

				The state of the s		
1. PLACE OF I	Wa Hea	ashing gersto	vm	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Hagers town (if outside city or town limits, write RURAL and give nearest town)		
How long in above pi	If outside city or town	60 y	URAL end give neerest town) CATS			
Hospital, institution or street address where death occurred: 328 Mitchell Ave				Sireel No. 328 Mil To	chell Ave	
	or Institution?			(If rural, give	LOCATION)	
3. (a) FULL NA		lnna l	E. Davis		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Wid	lowed	20. DATE OF DEATH. October	148	6:10a
6.(b) Name of husba	Thor	nas B.	Davis	21. I CERTIFY, that death occurred on the date ab-	ove stated; that lettended deci	eased from
7. Birth date of	Jan J	y 9, 1) It alive, give ageyea	and that I last say been alive on		11
8. AGE: Ye	ars Months		If less than one day	Immediate cause af death		. DURATION
9:	1 2	22	hrsmir	Cardia-11-	Las Sania	6400
N	ewton Ham	ilton	Fa.	Bush		
B. Birthplace	Hou	se Wif	tate)	Que to Que		** ************************************
10. Usual occupation	O wr	Home		Due 10		***
		Lberts Hamil	on Con Pa.	Other conditions		
	Mary	Jane M	orrisin	(Include pregnancy within 8	months of death)	-
14. Maiden nar 15. Birthplace	Mary Newton	Hamil	ton Pa.	Major findings of aperations		
10 1-1	Mrs. C.E.	Magru	ler	Autopsy results		
	lagerstown			PHYStCIAN: Please underline the cause to w	hich death should be charged	
Buri (Burial, cremat	al	Date there	October 3. 1 (month) (day) (year) Cemetery	Accident, suicide, or homicide	Date of	
	Hagers	town	Md.	tnjured at home. farm, industry, public place (w		
Location	Scott F.			Means of Injury	Injured at work?	
1B. Funeral director Address	HAG-ERS?			23 SIGNATURE SWILL	(A)	
-4 1		11	11.0	23. SIGNATURE		

Registrar



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		CERTIFICAT	TE OF DEATH	Rog, Diat. No.	
City or town	werstown putside city or town li e of death? 30 e street address where side Avez r institution?	nue	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhern infanta give residence of mother) State Maryland County Washington (Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 68 Wayside Aven ne (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number NONE		
4. Ses	5. Color er race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Married	20. DATE OF DEATH OCUTIN 25	19 4X 31 60 D	
7. Birth date of deceased (mo., day. 8. AGE: Year 6 9. Birthplace	Months 9 8 iddletown House arles H. iddletown Mary C. Middletov Cdward M.	cd M. Dutrow 6.6(e) If alive, give age	21. I CRIFFY that death occurred on the date ebove and that I last saw h. A. alive on Immediate cause of death Due to. Other conditions (Include pregnancy within 3 me Major findings of operations. Actopsy results. PHYSICIAN: Please onderline the cause to which	DURATION Onths of death) Date of op.	
17. Burial (Burial, cremation	or removal. Which?	Bate thereot. 10-28-48: (month) (day) (year) an Cemetery	Accident, suicide, or homicide		
Location Mi	ddletown	, Maryland	Injured at home, farm, Industry, public place (whe		
		ter & Sons	Meens of injury	injured at work?	
0. 0	-0 101	Maryland	23. SIGNATURE UD IVM	M. D. or other	
19. (Date rec'd by re	gistrar)	AMOUNT FOR COUNTY, Registrar	Address to gent mm n	Date signed 10176/48	

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PLEASE WRITE



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CERTIFICATE OF DEATH

DURALIDA

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
county. Washington Williamsport			state Maryland	County Washington
City or town			City of town RURAL-Taylor	
Hospital, Institution, or street address where death occurred: 23 N. Conococheagine St.			Street No. Sharpsburg	Id. RFD# 1
		<u> </u>	THE RESERVE TO SECURITION OF THE PERSON OF T	
3. (a) FULL NAM			2.(a) It veteran, name war	3. (b) Social Security, Number
	Bowser Ea:	and have		
Me to 1	5. Color or race		MEDICAL	None
		Married		19 d 8 , at 12
	77	B 1	20. DATE DF DEATH.	195, 212
6.(b) Name of husband	or wife Frank	Earnsnaw	21. I CERTIFY that death occurred on the date :	above stated; that I attributed deceased from
To be the data of			ears and that I last law h. Que alive on	2-5
deceased (mo., day.	yr.) July 6,	1881	Immediate cases of death	
8. AGE: Year	- 1	Days If less than one day		
67	2	28hrs.	Juner 30	econsa, H
9. Birthplace W.1.	lliamspor	t, Wash., Maryland	Due to Due to	.
		ounty, and state)		
			Jue to	
11. Industry or busines	lliam Roms	ser nome		
12. Name	LITEM DOWS	port, Md.	Other conditions	
13. Birthplace	Williams	OOFE, MO.	(Include pregnancy within	3 months of death)
H 14. Malden name	Hannan A	rdinger	Major findings of operations	
15. Birthplace	Williamspo	rdinger ort, Md. ine Bowser		
16. Intermant Mil	ss Kather:	ine Bowser	Autopsy results	
Address Will	liamsport	Md.	PHYSICIAN: Please underline the cause to	
		Date ThereofOc.t6, 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external o	
(Burial, crematio	, or removal. Which?)	(month) (day) (year)	Accident, sulcide, or homicide	
		iew Cemetery		
Location W1	lliamspor	t, Md.		
1B Funeral director	Edith V	Leaf	Mesns of injury	tnjured at work?
		Md.	The same	muse
The state of the s	THE REAL PROPERTY.		THE STONAY WATER	VIVILLENIA .

(Date rec'd by registrar)

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OCT 11 1948

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information carefully of death clearly and

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1. PLACE OF DEATH: County Washington

How long in above place of death?.....

How long in hospital or institution?....

3. (a) FULL NAME

deceased (mo., day, yr.)

62

10. Usual occupation....

4. Sex

Male

8. AGE:

Hospital, institution, or etreet address where death occurred:

Months

Baltimore Md.
(Town, county, and state)

Married

.B.(c) if alive, give age

If less than one day

Esta Stitely

June 22 1886

Thurmont Md.

119 Winter

CHARLES HOWARD

ASE

Address

(Date rec'd by registrar)

W. M. R. R. 11. Industry or business Fitez Westminster 14. Malden name Amount Md.
15. Birthplace Westminster Md.
Fass Fitez Amanda Whitmore Mrs. Essa Fitez especially PLAINLY Hagerstown Md. Address Bate thereef 10/17/48 (month) (day) (year Cemetery or crematory Blue Bidge Cemetery WRITE Thurmont Md. 18. Funeral director M. L. Creager And Son

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 302 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For rewhorn infants give residence of mother) Washington Slate Waryland County Hagers town
(If outside city or town limits, write RURAL and give nesrest town) Street No. 119 Winter St. (If rural, give LOCATION) None 3. (b) Social Security Number 705-10-4730 MEDICAL CERTIFICATION October 14 1948, 5 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of desth) Major findings of operations..... PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: it death was due to external causes, fill in the following; Accident, euicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)

Dr. Layman

Means of injury

Injured at work?

HAR STEEL STEEL STEEL CONTRACT TO A SECTION OF THE SEC



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			Reg. Dist. No.
City or town	H (If outside city or town I place of death? on, or street address where	ashington agerstown imits, write RURAL and give nearest town) 44 years death occurred: nty Hospital 24 days	1100 Hamilton Blvd.
3. (a) FULL N		arles Edward Fry	3. (b) Social Security Number 215-20-7577
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Married	20. OATE OF DEATH. Oct 29 18.48 at 12:45 p
7. Birth date of deceased (mo., 8. AGE:	day, yr.) April Years Months 4 6 Knoxville (Town,	9, 1874 Oays 11 less than one day 20 hrs. Frederick Co. Md county, and state 1 Estate	- Ilvyorouon of control
10. Usual occupa 11. Industry or be	usiness Sel Charle	f Employed s W. Fry Co. Va.	Oue to
15. Birthplac		M. Goodman sville Fred. Co.	(Include pregnancy within 3 months of death) Majur fiadings of operations Date of op. Antopoy results. Sentonitis due to alone PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 8	3	N 3: 1040	22. VIOLENCE: 11 death was due to external causes, till in the following;

especially PLAINLY, is especially WRITE PLEASE

ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly

FOR BINDING

RESERVED

18. Funeral director.

Hagerstown Address (Date rec'd by registrar)

Boonesborbe Md.

Luthern Cemetery

Scott F. Minnich & Son

Registrar

Mesns of Injury

(City or town)

Accident, suicide, or homicide,.....

Injured at home, farm, Industry, public place (where?)



CEDTIFICATE OF DEATH

CERTIFICA	IE OF DEATH	Reg. Diat. No	202
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) 0 (For powhorn infants give residence of		
City or town	State Maryland Col City or town Hagers town (If outside city or town limits		
Hospital, Institution, or street address where death occurred: 613 N. Mulberry St.	Street No. 613 N. Mulbe		
How long in hospital or institution?	2.(a) If veteran, name war	none	
3. (a) FULL NAME		3. (b) Social Security	
Mrs. Leola Gelwicks 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced) molecules	219-05-2 ERTIFICATION	2893
Female White Married	20. DATE OF DEATH Oct. 9.	1948	
6,(b) Nama of husband or wifa	21. I CERTIFY that death occurred on the date above 17/47 19.	ova stated: that I attended dec	eesed from 48
7. Sirth data of	and that I last saw h .eralive on	ct/8/48	19
deceased (mo., day, yr.) May 6, 1912 8. AGE: Years Months Days If less than one day	Immediate cause of death		1 - 1 - 1
36 5 3hrsmin.	carcinoma of u		
9. Birthplace	Due to profuse hemor	rhage	12hr
10. Usual occupation Weitress 11. Industry or business	Bue to.		
E 12. Name Charles Gelwicks	Dither conditions		
I 13. Birtholace Hagerstown, Md.	(Include pregnancy within 3		
Malden same Nettie Smith			
14. Malden name Nettie Smith 15. Birthplace Rohrersville, Md. Mrs. Charles Gelwicks	Major findings of operations.		
Mrs. Charles Gelwicks	' n . /		
Address 613 N. Mulberry St.	PHYSICIAN: Please underline the cause to w	bich death should be charged	
	22. VIOLENCE: If death was due to external ca		
73 17133 0			
Cemetery or crematory Rose Hill Cemetery	Whera did Injury occur?(City or town)		
Location Hagerstown, Md.	Injured al home, tarm, industry, public place (w		
18. Funeral director	Maans of Injury	Injured at work?	
Address Hagerstown, Md.	23 SIGNATURE SPORGE	t well,	m, D,
19. Oct 1/2 19 48 Shapfillowerd Registrar		M. D. M. Date signed	10/11/4

FOR BINDING MARGIN RESERVED Supply every item of information carefully. The correct age lease write the causes of death clearly and legibly.

SE WRITE PLEAS



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. M 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. e residence of mother) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, vi.) DURATION Months Days if less than one day 8. AGE: ple ADING INK. Physicians: p Town, county, and state) 10. Usual occupation. 11. industry or busines. 12. Name 13. Birthplace (Include pregnency within 3 months of death) 14. Maiden na 15. Birthplace import LAINLY, especially PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide..... E S Where did injury occur?(City or town) WRITE Injured at home, farm, industry, public place (where?) Means of Injury EASE M. D. or other . Date signed . 1.60 . C





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

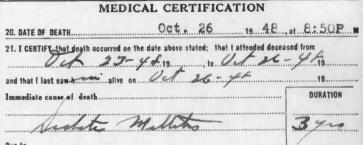
CERTIFICATE OF DEATH

	Adg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State W. Virginia Couety Berkle.y She pherdstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number

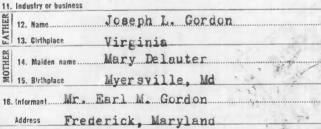
Other conditions

4. Sex Male 5. Color or race White			1000	le, married, widowed, o Owed	or divorced
B.(b) Name of	husband or w	ile	6.	(c) tf alive, give age	year
7. Birth date o deceased (m		Oct.	21,186	9	
8. AGE:	Years	Months	Days	If less than one	day
	79	0	6	hrs.	min
9. Birthplace.			cuntyd. Merc		

Elmer L. Gordon



None



Major :	findings of	operations						
		4	************		Date	of (op	
	y results CLAN: Plea	se uuderline	the cause	to which	death should	he	charged statistically.	

(Burial, cremation, or	removal. Which?) (month	h) (day) (yeer)	
Cemetery or Cramatory.	Brownsville		
Location	Brownsville, Md		5
18. Funeral director	R. I. Earnshaw		•••
Address	Keedysville, Md		

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,.....

(Include pregnancy within 8 months of death)

Where did Injury occur? (Clty or town) (County)

Injured al home, farm, Industry, public place (where?) tnjured at work? Means of tniury

23. SIGNATURE

M. D. or other

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ADING INK. Supp Physicians: please

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or Kufer MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newhorn infants give residence of mother) (If outside city or toph limits, How long in above place of death? Hospital, institution, or street address where feath occurred: (If rural, give LOCATION) How long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from O Note 19 V.F. 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: ADING INK. Physicians: pl 11. Industry or business important. (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations..... PLAINLY, vis especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof ... Accident, suicide, or homicide,..... (Burial, cremation, or removal, Which?) Where did Injury occur? (City or town) (County) RITI Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury Registrar (Date rec'd by registrar)

RECEIVED

OCT 22 1948

BUNEAU Y. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) O	F DECEASED:	
County Washington Mapleville				State Maryland county Washington		
(If o	utside city or town iir	nita, write RU	RAL and give nearest town)			
How ione in above place	of death?	Week	***************************************	City or town (if outside city or town limit	N s, write RURAL and give near	est town)
Hoepital, Institution, or Main	Sileer addiece where a	cath occurred.		Street No. 318 No. Pros	pect st.	
			•••••••••••••••••••••••••••••••••••••••	(If rural, give	LOCATION)	
	Institution?			2.(a) If veteran, name war. None	***************************************	
3. (a) FULL NAMI					3. (b) Social Security N	umber
MRS L	UCY ANN E	PAULDE	RS HANCOCK married, widowed, or divorced		None	
4. Sex	5. Color er race	6.(a)Singla,	married, widowed, or divorced	MEDICAL C	ERTIFICATION	A
Female	White	W	idow	20. DATE DE DEATH October	16 1948,	12.15
6.(b) Nama of husband	Cr with	narles	Edw.	21. I CERTIFY that death occurred on the date abo		
				nov. 14 19	4/ 10 Clast 16	19 48
7. Birth data of			If alive, give ageyear	and that I last eaw harmalive on	21.6	19 4 8
deceased (mo., day, y		Days	875 If leee fhan ona day	Immediata cause of death		DURATION
8. AGE: Years						
73	2	14	hremir			***************************************
9. Birthplace	t. Lena T	ash.	Co. Md.	. Due to Vascular hyper		***************************************
	House	county, and at	nte)		riosclerotic	***************************************
1D. Usuat occupation	Owners L		***************************************	Due to heart dis	sease	
11. Industry or busines	8			acute coron	ary occlusion	n
12. Name				Diher conditions		
13. Birthplace	Mt. Lens			(Include pregnancy within 3	months of death)	
# 14. Malden name.	Rachael	Cox.		Major findings of operations		
14. Malden name.	Mt. Ler			Major hudings at operations.		
	Mrg Ches	-	amler			
10, Inturmant	······································		<u> </u>	PHYSICIAN: Please underline the cause to w	hich death should be charged st	atistically.
Address	Hagerstov		0.0 /0.0 / 0.0	22. VIOLENCE: 11 death was due to external car		
17. Bur	ial , or removal, Which?)	Bale thereo	(month) (day) (year)	Accident, eulcide, or homicide	Dale of	
(Buriai, cremation	or removal. Which?) Rose F	1411 C	(month) (day) (year)			
Cemetery or cremato	ry	313	eme der y	Where did injusy occur?		(State)
Location				Injured at home, farm, Induelry, public place (w		
18. Funeral director	Andrew	VK. C	offman	Meane of Injury	Injured of work?	
Address		stown		1 Roller	of hells	H,D.
Out 11		. /	1 x21/2 x	23. SIGNATURE	M D. or	mther,
(Dato rec'd by re	; 19 48 gistrar)	. Aak	Registra	Addrees Vagenstown	med Dale signed	0 116/48

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WITH UNFADING INF important. Physicians:

WRITE PLAINLY, is especially

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FOR BINDING

Supply every item of information carefully. The correct age please write the causes of death clearly and legibly

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CCT 19 1948

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Dato signed 10-2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 302 I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For pewborn infants give residence of mother) Washington State Penna county Ful ton ural Warfordsburg Hospital Institution or street address where death occurred: Wash. Co. Hospital (If rurel, give LOCATION) None How long in hospital or institution?... 2.(a) If vstsran, nams war..... 3. (a) FULL NAME 3. (b) Social Security Number JOR HESS None 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White October 25 1948 Married 21. J-CERTIFY that death occurred on the dats above stated; that I effended deceased from .6.(c) It alivs, givs age. 78 daceased (mo., day, yr.) OURATION Months Days If less than one day 8. AGE: 79 McConelsburg Fulton Co.
(Town, county, and atate) 10. Usual occupation.... 11. Industry or business 12 Name Aaron Hess Fulton Co. Pa. 13. Birthotace (Include pregnancy within 3 months of death) 14. Maiden na Anna Garland one. Major findings of operations ... Fulton Co. Pa. Mrs. Denver Evans PHYSICIAN; Please noderline the cause to which death should be charged statistically. Warfordsburg Pa. 22. VIOLENCE: If death was due to external causes, Itil in the following: Burial Bate thereof 10/28/48 (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, sulcide, or homicide..... Cemstary or cramatory Cedar Grove Cemetery Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Meens of Injury Andrew K. Coffman 23. SIGNATURE Cechie (

Registrar

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information carefully of death clearly and

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Hagerstown Md

(Date rec'd by registrar)

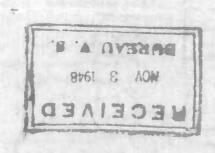
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CERTIFICATE OF DEATH

MARYLANI	D STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore
CER	RTIFICATE OF DEATH Reg. Dist. No. 307
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4 Sex 5. Color or race 6.(4)Single, married, widowed.	alrues hone.
4 Sex 5. Color or race 6.(a) Single, married, widowed,	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 28 1948 21.2.15
8. (b) Name of husband or wife School 1, Sirth date of deceased (mo., day, yr.) September 16 - 18 8. AGE: Years Month Bays If tess than one 12	years and that I last saw h a live on O.C
VN All	
18, Informant IIIAS, Charles Long	Antopsy results PHYStCIAN: Ptease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. Oct 31 (Date rec'd by registrar) 19. 48 Cornelius N. 9	Castle uty Registrar Address Booisto Date signed 1/29

MARGIN RESERVED FOR BINDING

NS



CERTIFICATE OF DEATH

302

M. Date signed 19/2

Reg Dist No 2. USUAI, RESIDENCE (HOME) OF DECEASED:
(For rewhorn infants give residence of mother) 1. PLACE OF DEATH. Washington State Maryland county Washington Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town) Hagerstown Street No. 618 Washington Avenue Hospital, Institution, or strest address where death occurred: 618 Washington Avenue (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number NONE Laura B. Hoover 4. Sex femala 5. Color or racs 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION Female White Married 19 1948 313140 Pm 21. I CEMIFY that death occurred on the date above stated: that Lattended deceased from 6.(b) Nams of bushand or wife Silas M. Hoover 8.(c) tf alive, give ags 69 July 27, 1873 deceased (mo., day, yr.) If less than one day 8 AGE-75 Co. Md. & Birtholace Hagerstown, Wash. (Town, county, and state) Housewife 11. Industry or business 12. Name Jacob Zeigler 13. Sirthplace Hagerstown, Maryland (Include pregnancy within 3 months of desth) 14. Maidsn name Belle b. Belle b. Hagerstown, Maryland Hoover Major findings of operations of aperation 16. Interment PHYSICIAN: Please underline the cause to which death should be charged statistically Hagerstown, Maryland 22. VIOLENCE: tt death was due to externat causes, fill in the following: Bate thereof 10-22-48 17. Burial (Burial, cremation, or removal, Which?) (month) (day) (year) Cometery or crematory Rose Hill Cemetery Where did Injury occur? Hagerstown, Maryland injured at home, farm, industry, public place (where?) Masns of Injury 18. Funsral director C. M. Suter & Sons Hagerstown. Maryland 23. SIGNATURE

S A15 9-45-15M

(Date rec'd by registrar)

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legibly.

information carefully.

of death clearly and l



The state of the s

Date signed 10-7-46

Reg. Dist. No....



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PLEASE,

Address

(Date rec'd by registrar)

				TE OF DEATH	Reg. Dia
How long In above place Hospitel, Institution, o	W H outside city or town I e of deeth? r street address whera Jefferso	death occurre	town RURAL and give nearest town) years	2. USUAI. RESIDENCE (HOME) (For newborn infants give residence of Maryland Company of the Hagerstown (If outside city or town liming 339 Jeffers Street No. (If rural, give 2.(a) If veteran, name wer.	ts, write RURAL SON St.
3. (a) FULL NAM	IE	G	ertrude M. H	ose	3. (b) Social
4. Sex Female	5. Color or race White		ie, merried, widowed, or divorced ngle	MEDICAL C	ERTIFICAT
7. Birth date of deceased (mo., dey, 8. AGE: Year	yr.) May			and thet Heet-caw h Americalive on	
10. Usual occupation 11. Industry or busine H 12. Name	None None William Hagerst Elizebe Hagerst	A. Hown th Ba	ose Md. ughman id.	Due to Chould be Co Due to Chould be Co The above Sand By B Differ conditions Carry B Differ conditions Carry B Conclude pregnancy within 3 Major findings of operations.	Kneele (a (Afusel months of dash)
16. Informant M. Address Burial	iss Mary Hagerstow	n Md		Autepsy results	which death should cuses, fill in the tolk

Hagerstown

Hagerstown

Scott F. Minnich &

Md.

Registrar

JE (HOME) UF DATE OF MOTHER) Washington de city or town limits, write RURAL and give nearest town)

Jefferson St. (If rural, giva LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION ctober 3:30p coursed on the deta above efated: thet I attended deceeeod from rline the cause to which death should he charged statistically. vee due to externet ceuses, fill in the tollowing; Injured at home, ferm, Industry, public pleca (where?) Meene of Injury

Address 132 W. WASHINGTON ST.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICA	IL OI DEATI		Reg. Dist. No	W.Y.A
1. PLACE OF DEATH: County				State BI City or town. (If outside Street No.)	roadfori) e city or town limits None (if rural, give	Washing	eat town)
3. (a) FULL NAM			ward Hose			3. (b) Social Security N	umber
4. Sex	5. Color or race	S.(a)Singl	a, married, widowed, or divorced		MEDICAL CI	RTIFICATION 5	50
Male	White		Single	20 DATE DE DEATH	Oct 2	30. 18 48	P
		Non	.0			ve atated; That I attended decease	
6.(b) Name of huaban	ed or wite						
7. Birth date of		6. (c) If aliva, give ageyea	and that f last aaw h	ative on		19
deceased (mo., day	yr.) March	30,	1946				DURATIO
8. AGE: Yea	ara Montha	Days	The second second			***************************************	••••••
	6	20		- Contraction of the Contraction		hemorrhage	
			sh.Co.Md.		shock		***************************************
				606 16		***************************************	***************************************
	ess No						
				Diher conditions			***************************************
13. Birthplace	Wilson, M	d,		(7 - 1) do		nontha of death)	
# 14. Maiden nam	Martha B	artle	s				
E 15 Birthniace	Martha B	wn. Md					
- 1 19. Bittiplace	Francia	Hose		Antopsy vessits 72		ale of op.	
				PHYSICIAN: Please nader	rline the cause to wi	ich death should be charged s	tatistically.
Address				OR MINISTER HE death	on due to external cou	and fill in the tellowing:	
17. Bur (Burial, crematic	on, or removal. Which?)	Date ther	10/24/48 (month) (day) (year) g Cemetery	" L' Accident cuicide er hemici	acril	Bala of Oct	2012
				followed at home form Indu	nates audite stone (w	10102) Highway	/
Location			Maryland	Macro et leiver Tarm, Indu	over by	tru Colleged at work?	20-
18. Funeral director			ffman	meana of injury	2	truckfired at work? The DEPUTY ME	DICAL EX
Address	Hagerst	own, M	aryland	1/0	full)	rello WASH.	CO" WD.
0.1				23. SIGNATURE		M D	

Registrar Address Ragustown

MARGIN RESERVED FOR BINDING

A15 NS

PLEASE

(Date rec'd by registrar)



12551

The second of th

CERTIFICATE OF DEATH

Reg. Diat. No. 305

NAME OF DRIVING	A MOVEL PRODUCE (VACANTA OF PROSECTE
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State maruland county brashington
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Simain St.	Street No. S. M. Que ST. (If rural, give LOCATION)
How long in hospital or institution? at Home.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles William Hus	1213-12-7224
4 Sex 5. Color or race 6.(4) Single, married, widowed, or divorted	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH between 22 1948 , at 9.30 f.
6.(b) Hame of husband or wife Lennie Navis Humphrey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	beloler 10 1948 10 October 22 1948
7. Birth date of deceased (mo., day, yr.) Quenulu -3 - 1881	and that I last saw h And alive on 19.7.
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
66 10 19hrsmin	Eliebral Halmoodage
	Buato
9. Birthplace	
10. Usual occupation dalorer	Due to
11 Industry or business	
12. Name William Dunyshrey	Bther conditions
13. Birthplace Eugland	(Include pregnancy within 3 months of death)
# 14 Maiden name Elizabeth Robrer	
14 Maiden name Elizabeth Kahrer 15. Birthplace Boonsho Wash, Co. md.	Major findings of operations. Bate of op.
M	Actorsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Dironalrow md.	22. VIOLENCE: 11 death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Bate thereof. Ottobar 25,194 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Booustons Cemetry	Whera did injury occur?
Location Bornstono md.	Injured at home, tarm, industry, public place (where?)
PINH & But asma	Means of Injury Anjured at work?
19 Euparal diseases 1 1 - 1 - 1 - 1 - 1	
To Puneral director.	MINGHAM WILL
Address Boous bero md	23. SIGNATURE SULLIAM M. D. og gehoft

MARGIN RESERVED FOR BINDING

PLEASE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

302

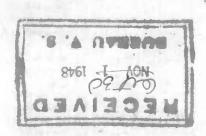
	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	· · · · · · · · · · · · · · · · · · ·
City or town	
How long in above place of death?	City or town (If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death-occurred:	street No. 421 Elizabeth St.
421 Elijabeth Street	(If rural, give LOCATION)
How long in hospital or institution? at Lane	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
m: 1 21 H	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
2	0 1 1 2 2 10 10 0
Demale White Marned	20. DATE OF DEATH. October 1948 et 20
8.(b) Name of husband or wife Earl Huntyluny	21. I CERLIFY that death occurred on the date above stated; that tattended deceased from
	October 23, 1948, 10, Oct. 27, 1948
7. Birth date of	and that I last saw h. A.M. alive on October 26, 1947
deceased (mo., day, yr.) (Decomplem 8 1879	Immediate caps of death
8. AGE: Years Months Days If less than one day	Intestinal platinetime If day
68 10 19hrsmin	n.
9. Birihpiace Bransland Wash Co. md-	Due to.
(Town, county, and state)	
to. Usual occupation House United	Due to.
11. Industry or business two Itanie.	
= 12 Name Lauson Willanson	Other conditions Hemiplegia, left 3 years
12. Name Lawson Wilberson E 13. Birthplace Boonshus Wash & Md.	(1) 1 1 1 1 1 2 1 2 2 1
	(Include pregnayey Athin 3 months of death)
14. Maiden name Julia Dogle 15. 6irthplace Virginia	Major findings of operations
E 15. Sirthplace Virginia	Date of op.
16. Informant Earl Henryberry	Antopsy results As autopay
The contract of the second	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. O.L. 30. (99ar)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cornely	Where did injury occur?
ol to mad.	
Location Haghestons Md.	tnjured at home, farm, industry, public place (where?)
18. Funeral director (1974) Bast a Soro	Means of Injury tnjured at #60x?
Address British Mda	X Kal
O.A.A. and the sand the sand	23. SIGNATURE M. D. orothor
19 10 mm 29: 19 H8	10/27/16
(Date rec'd by registrar) Registra	Ar Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	CERTIFICA	TE OF DEATH Reg. Diat. No.
Now long in above piece of death? Nospitat, institution, or etraet address where deel How long in hospitel or institution?	s, write RURAL and give nearest town) 10nths th occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Infants of the town limits, write RURAL and give nearest town) Street No. 28 Garlinger Avenue (If rural, give LOCATION) 2.(a) It veteran, name war.
4. Ses See Section of face White	8.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20 DATE DF DEATH October 29, 1948 19 6:00 A.
S.(b) Name of husband or wite Roy 7. Birth dote of decreased (mo., day, yr.) April		and that I last saw h. C. R. alive on 19. 10.
8. AGE: Yeare Months 55 6	Days It less than one day 12hrs. mir	Immediate cause of death Manufacture DURATION 10 years
10. Usual occupation Home Du 11. Inductry or buciness 12. Name William Gor 13. Birthplace Franklin C	man	Due to. Due to. Differ conditions Afficially Descriptions
14. Malden neme Anna Gue	co., Pa.	Date of op.
Burial (Burial, cremation, or removal. Which?)	Date thereof Nova 1, 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Funks 18. Funeral director. Fred W.s.	town, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No	
iounty. Askus factorists City or town. If overfide city or town limits, write RURAL and give nearest town) Jew long in above place of death? Jeans Jea	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother) State Moduland County Washing City or town infants write RURAL and give near Street No. A County Washington County Washington No. (If outside city or town limits, write RURAL and give near (If rural, give LOCATION) 2.(a) It veleran, name war.	rest town)
3.(a) FULL NAME	3. (b) Social Security 1	lumber
William W. Lett	220-10-	3815
4. Sex 5. Color or race 8.(a)Single, margied widowed, or divorced	MEDICAL CERTIFICATION	
male Black Married	20. DATE OF DEAT October 28, 1848	14:30
6.(b) Name of husband or wife Course Jett	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
		19
7. Sirth date of Market 1 2 2 1 1 2 2	and that I last saw hative on	19
deceased (mo., day, yr.) (SCO-REV ds de , 28) . AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
55 6min	acute cerebral hemorrhage	*************
D. Usual occupation.	Ove to vascular hypertension Oue to	TOyrs
11. Industry or business 12. Name		
= 12, manit	Diher conditions	
e),	(Include pregnancy within 3 months of death)	
14. Maiden name Concention	Major findings of operations. Name	
\$ 15. Birthplace Unknown	Date of op.	
16. Informant Mrs. Laure Lett	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged a	tatistically
Address 2 Kaplans Court		tacioncany.
Burial Date thereof 11/4/48	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		31101011000001001111111111
Cemetery or cremajory Rose Hill Cemetery	Where did Inju: Y occur?	(State)
Location Hagerslown, Mis.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Hilliams of provided	Meana of Injury tnjured at work?	EDICAL EXA
Address 9/2 dich it Hagerstown		EDICAL EXA
To - 1 George A Al Ollo May		CO., MD.
18. 1200. 1. 1848 (LICOTIVE 20)		10/30/4

MARGIN RESERVED FOR BINDING

A15 NS

(Date rec'd by registrar)



2411 N. Charles St., Baltimore

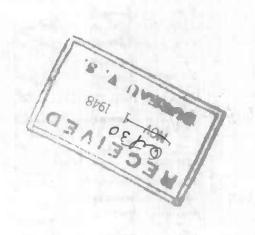
CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washi	ngton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
		state Maryland county Washington		
City or town	, write RURAL and give nearest town)			
ow long in above place of death?		City or town (If outside city or town lim	its, write RURAL and give nearest town)	
fospital, institution, or street address where death	occurred:	Street No. 45 E. Bal	timore St.	
Washington County	Hospital		ve LOCATION)	
ow long In hospital or institution?	10 days	2.(α) tf veteran, name war		
B. (a) FULL NAME			3. (b) Social Security Number	
	ederick Sheridan	Kale	219-20-0569	
4. Sex 5. Color or race 6	.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male White	Widowed	20 DATE DE DEATH October	26 1,48 ,9:10p	
6.(b) Name of husband or wife Mary M	Kale	21. I CERTIFY that death occurred on the date		
		Oct 2	045 10 (21.26 104)	
7. Birth date of		rs and that I last saw h (4 1 alive on)	126 1948	
deceased (mo., day, yr.) May 13	. 1868	Immediate nue of death		
3. AGE: Years Months	Days tt less than one day	Obstructers.		
80 5	12mirsmir		Is kuy-	
Birthplace Washington (Town, cour	County Md.	Dueta		
		Carcuring of the	Lead of the	
D. Usual occupation. Non	e	Due to Dancio		
11. Industry or business Non	e	Due to.		
¥ 12. Name	ale	- Dther conditions		
3. Birtholace Germany		Differ Conditions		
Unkno	wn	(Include pregnancy within	8 months of death)	
14. Maiden name	***************************************	Major findings of operations		
≥ 1 15. Birthplace	AA11			
18. Informant Clyde Kale		Autopsy results Caremenu.	y had of fames	
Address Hagerstown	Md.	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
	Oct 29 19	22. VIOLENCE: It death was due to external		
	Date thereof Oct 29 19		Date of	
Cemetery or crematory Rose Hi	11 Cemetery	Where did injury occur?	(County) (State)	
Location Hagersto	wn Ma.	Injured at home, tarm, industry, public place		
18. Funeral director Scott F.	Minnich & Soh	Mesns of Injury	tnjured at work?	
Address Hagerstown		KIMO	Te. ton man 111 10	
net: 29 119	Chast Brown	23. SIGNATURE	M. D. or other	
(Date ree'd by registrar)	Registra	Address / fogestin	Date signed 10/28-V	

FOR BINDING

MARGIN RESERVED

A15



CERTIFICAT	TE OF DEATH Reg. Diat. No. 382
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: County. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Many and County Usas Augustana (If outside city or town limits, write RURAL and give nearest town) Street No. Daylastow Rule (If outside city or town limits, write RURAL and give nearest town) 2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walter Fred Kershmer	Moul:
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced Sugle Sugle	MEDICAL CERTIFICATION Charles 7:30
That I want I make	20. DATE OF DEATH. 0 CT - 3 1 1948 , at ##.
8. AGE: Years Months Days If less than one day Ars. min.	21. I CERTIFY that death accurred on the date above stated; that I affended deceased from 19 10 3 (45 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to.
10. Usual occupation	Que to
12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
A C1	
16. Informant Condand Canada C	Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address 11. Burial. (Burial, cremation, or responsal, Writer?) Cemetery or crematory Location. Hagustones Md. 18. Funeral director. 19. Bast Asons 18. Funeral director.	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Address Boarelone md.	23. SIGNATURE L. F. Garring & REUTY MASH. W
Maria 110 holas Holas Al Present	23. SIGNATURE M. D. or other

Registrar

UNFADING INK. Supply every item of inf ant. Physicians: please write the causes of

PLAINLY, WITH UNI

WRITE

PLEASE

(Date rec'd by registrar)

Supply

MARGIN RESERVED FOR BINDING



The correct age

PLEASE.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

30d

Reg. Diat. No. 3

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Mar.y.land						
City or town									
	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		City or town. Sharpsburg. (If outside city or town limits, write RURAL and give nearest town)						
		reet address where			(If outside city or town limits, write RURAL and give nearest town)				
				••	Street No				
				•••••	(If rurai, give LOCATION)				• • • • • • • • • • •
3. (a) FUL	LNAME						3. (b) Social Sec	urity Number	
		Martha l	Minerva	Knode			None		
4. Sex		5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MED	ICAL CE	RTIFICATIO	N	
Fema:	le	White	Wid	owed .	20. DATE OF DEATH				30P
			Trans.		21. I CERTIFY that death occurred				
									9.48
7 Right date of	· · · · · · · · · · · · · · · · · · ·	***************************************		c) If allve, give ageyears	Jan. 18, and that I last saw h her alive	10)/29/48	1	9
deceased (n	no., day, yr.)	Jan 5	,1894		Immediate cause of death				RATION
8. AGE:	Years	Months	Days	if less than one day	Acute right				
	54	. 10	24	hrsmln.	failure				dav
n Riebnicos	Shar	rpsburg	-Washin	gtonMd	Oue to Chronic 1	uetic	aortits	and	Sanga pergal Sycores
9. Birthplace Sharpsburg Washington Md (Town, county, and state)			myocarditis				year		
10. Usual occ	upation	Hou	ne Duti	e.s	Quo to				P14444
11. Industry o	r business				04010			***************************************	
当 12. Name		William	Boyer		Other conditions Tabes	Dorsa	alis		
13. Birtha		Sharpsbu							
net l		-			(Include pregnat				
5					Major findings of operations				
≥ 15. Birth	place	Sharpsbu	irg. Md						
16. Informant Mrs. Melva Ryan			Autopsy results	none					
Address	Hage	erstown.	Md		PHYSICIAN: Please underline th				y
				. Nov 1 1046	22. VIOLENCE: If death was due				
		r removai. Which		eof Nov. 1,1948 (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or	crematory.	Mt.	View		Where did injury occur?(C	ity or town)	(County)	(State)	
Location		Sha	rpsburg	, Md	Injured at home, farm, industry, pu				
1B. Funeral d	irector	R. 1	Earns	shaw	Maans of Injury		Injured at wor	k?	
Address Keedysville Md			1 Wal	tue la	1. Theat	7/4.2	1		
10 10	30	19 CF 8		all (Doeses	Sharpsbu	rg. Mc	ā.	M. D. or other	1.5
(Date rec	'd by regis			Registrar	Address		Date :	algned /8/30/	411



2411 N. Charles St., Baltimore

1640

10823

CERTIFICATE OF DEATH

correct age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLAINLY, vis especially

PLEASE

FOR BINDING

RESERVED

MARGIN

Reg. Dist. No. 305

	Acobi Dinet i continui	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARY AND County MASHINGTO City or town (If outside city or town limits, write RURAL and give nearest	
Hospital, institution, or street address where death occurred: HAGERSTOWN Row tong In hospital or institution?	Street No. 127 N. 20CUST ST. (If rurs), give LOCATION) 2.(a) it veteran, name war.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.(a) FULL NAME CLARENCE HOWARD	KRETZER 3. (b) Social Security Nur 215-03-3	482
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE WIDOWED	MEDICAL CERTIFICATION About 20, DATE OF DEATH OCTOBER 31, 1948, 1948	
6.(b) Name of husband or wife SUSAN RANELS	21. I CERTIFY that death occurred on the date above stated; that I altended deceased	l trom
7. Birth date of deceased (mo., day, yr.) JULY 18, 1888	and that I last saw h	
8. AGE: Years Months Days It iess than one day	Immediais cause of death	DURATION
0. AUL.	Gunshot wound through mouth	
	into head	***************
9. Birthplace SHARPS BURG, WASHINGTON, MD.	Due to	
10. Usual occupation. BOOK KEEPER		
11. Industry or business CHEMICAL CO.	Due 10.	
12. Name HIRAM KRETZER 13. Birthpiace BEAVER CREEK MD.	Other conditions	
3 13. Birthplace BEAVER CREEK, MD.	(Include pregnancy within 3 months of death)	
14. Maiden name HDA SNAUELY 15. Birthplace SHARPSBURG, MD.	Major findings of operation T.Q.R.S.	
15. Birtholace SHARPSBURG MD.	Date of op.	
16. Informan/Mrs. Mabel E. Myore	Antoney results None	
1-7 71 + + + + 11 - 711	PHYSICIAN: Please underline the cause to which death should be charged state	istically.
Address 12 1 hocust A. rag ma	22. VIOLENCE: It death was due to external causes, till in the tollowing:	/
17	Accident, suicide, or homicide. Suicide. Date of 10/	31/48
W. an Mall	Where did Injury occur Hagerstown Wash. (City or town) (County) (S	Md.
Cemetery or crematory	(City or town) (County) (S	k Road
Location Hagerstown Maj	Injured at nome, term, industry, post-c prace (wherety	
Marinett Marinet	Means of Injury Gunshot . 32 Injured at work? 100	
Address Heavy John Md.	of butter & 11) player on	MD.
maly us of & Buy	M. D. or-	
19. (Date rec'd by registrar) Registrar	Hagerstown, Md. Date signed 1	1/1/48



(Date ree'd by registrar)



.

MARYLAND STATE DEPARTMENT OF HEA Reg. Dist. No ... A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub) 1. PLACE OF BIRTH: 2. USUAL RESIDENCE OF MOTHER: County Washingle City or town Heightstown (If outside city or town limits write RURAL and give nearest town) City or town Hage Street (If outside city or town) write RURAL and give nearest town) Street address, hospital, or institution: Lunalon Length of mother's stay in County... 2.2. (How many stars, or months, or days, SNAIFY WHICH) (If RURAL give LOCATION) 4. Date of birth 10- 20 1948 Hour 3:05 PM 3. Name of child Dahl Bur 5. Sex Amall 6. Twin or triplet 7. No. of weeks pregnancy 20 FATHER OF CHILD MOTHER OF CHILD 8. Full name Robert Cossia Li nebang 12. Full maiden name Heley Marie Horeus 9. Color W. 10. Age at time of this birth 2 wrs. 13. Color Wate 14. Age at time of this birth 22 yrs. 11. Usual occupation Fairfuld Airfraft 15. Usual occupation Hausewill 16. Other children born to mother (not including present child): (a) How many children of this mother are now living? (b) How many other children were born alive but are now dead?..... (c) How many other children were born dead?..... 21. Cause of stillbirth. Please be specific. For terms like 17. Did child die before labor? During labor? prematurity, asphyxia, etc., try to add cause thereof. 18. Pregnancy, complications of (a) Fetal causes franchicty (Sur (b) Maternal causes 19. Labor: (a) Complications of (b) Induced?..... 20. (a) Was there an operation for delivery?..... I certify to the birth of this child who was born dead* on the date and poor above stated. (b) State all operations, if any Signature (Specialy if M. D. midwife, or other) (c) Did child die before operation?..... During operation? Address DCL (b) Date thereof Q1 12 - 1798

(Registrar)

(To be filled out if no physician was present at delivery.)

The above certificate has been examined by me.

Health Officer, per.....

(Burial, cremation or removal)

* See Instruction C on stub.

(c) Cemetery or crematory. Roze (Month) (day) (year)

24. (a) Funeral director Scott 7 Municipal

(b) Address Hager



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg, Diat, No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infantu give residence of mother)
County Washington City or town New Williams band	State Maryland county balungton
(If outside city or town limits, white RURAL and give nearest town) How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 823 Virginia augus.
William port Md.	(If real, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
Sarah G. Lauren	N mas
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale Wite Widowed	20. DATE OF DEATH Detoler -10- 1948 21 5-P-
5,(b) Name of husband or wite Ruy William L. Lowery	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Oct 10 1948
7. Birth date of deceased (mo., day, yr.) March · 20 . 1873	and that I last saw have alive on 19.77 Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cerebral Hemontage 7days
15 6 20hrsmin.	
9. Birlhplace. Near. W. Lleanus Post Md. (Town, county and stute)	Due to allino villous o year
10. Usual occupation Houseling	Que to.
11 Industry or business Dun Hame	
12. Name Jaiah Davis 13. Birthplace Organishle Wash. Co. md.	Other conditions Contic Confirman
	(Include pregnancy within a months of death) 1//43 48
14. Maiden name Dannie Danis 15. Birthplace Downsville Urash. Co. md-	Major findings of uperations.
m. O. 1 wital.	
16. Informant 110.	Autopsy results
Address Williamsbert Md. 17. Burial - Date thereof October 13, 1948	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremntion, of removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory . Manon	Where did Injury occur?
Location Mas Jelghmanton Wrash. U.S. Md	Injured at home, farm, Industry, public place (where?) Means of injury talured at work?
18 Funeral director Dad & Sous	Msans of injury tnjured at work?
Address Boonstoro md.	23. SIGNATURE David VY, Wrewer M.X

FOR BINDING

WRITE

PLEASE

(Date rec'd by registrar)

RECEIVED

THEREALLY, S.

2411 N. Charles St., Baltimore

1610

10828

CERTIFICATE OF DEATH

Reg. Dist. No.

		and the same of th				
1. PLACE OF DEATH: County Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
				State Md. County Wash.		
				City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
How long in above place	of death?street address where	death accurre	day			
Washington, or	ashington	Cour	ty Hospital	Street No. 519 N. Locust St.		
How long in hospital or	r Institution?	1 day	r	2.(a) It veleran, name war		
3. (a) FULL NAM	E			3.(b) Social Security Number		
	Li	nda I	Louise Martin			
4. Sex	5. Color or race	E.(a)Sing	ls, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white			20. DATE DF DEATH Oct. 31. 19 48 316:13 I		
8 (h) Name of husband	or wits			21. I CERTIEX that spath occurred on the date above stated; that I attended decessed from		
			(c) If alive, give ageyear	21. I CERTIEV tipe to the date above stated: that I attended decessed from 20, 19 44 to the 31 19 49		
7. Birth dats of deceased (mo., day,	oct	oher	30, 1948	and that I had saw it was a saw in the saw index in the saw in the		
8. AGE: Years		Days	If tess than ons day	Immediate cause of death DURATION		
		1	hrsmin	congenital atelestasia		
9. Sirihplace. Hagerstown, Wash. Co., Md. (Town; county, and atate)						
10. Usual occupation		•••••		Due to		
11. Industry or busines						
置 12. NameRO.D.			in	Dther conditions		
13. Birthplace		c, Per	7'	(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace			se Hoover	Major findings of operations		
15. Birthplace	Hagel	rstown	1, Md.	Date of op.		
16, Informant	Robert	LeRo	y Martin	Autopsy results		
Address	Hagers	stown	Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
, buri	ลไ	Bate the	reel 11-1-48 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burlai, cremation	al n, or removal, Which?) TT = 9 *		Accident, suicide, or homicide		
Cemetery or cremate			L Cemetery	Where did injury occur?		
Location Hagerstown, Md.				Injured at home, farm, industry, public place (where?)		
18. Funeral director	Scott	FM1.	nnich & Son	Mesons of Injury Injured at work?		
Address	Hagers			(10 movent tho		
Mer.	1 11-9	1 1	Gast Manuest	23. SIGNATURE M. D. or other		
19. (Date rec'd by re	egistrar)	Y	Registra	Address Hoghes MM, Mo Date signed 10101148		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially



....

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DE	ATH: Wo al	ington		2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)			
County				State Md. County Wash.			
City or town Hagerstown							
(If outside city or town limits, write RURAL and give negrest town) 40 years			City or town Hager	stown	write RURAL and give r		
How long in above place	e of death? r street addreee where			(if outside city	or town limits,	write RURAL and give n	nearest town)
Mospital, Institution, o	shington	County	z Home	Street No			
		3 year		100 H 37 W	(If rurai, give L		
		U yea.		2.(a) It veleran, name war			
3. (a) FULL NAM	E					3. (b) Social Securit	y Number
		Wilbur	r Overall Matth	hews -			
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	ME	DICAL CEI	RTIFICATION	
male	white		widowed	20. DATE OF DEATH	Oct.	30 , 48	6:00 a
B.(b) Name of husband or wife Maude Matthews				21. I CERTIFY that death occurred on the date above etated: that I attended deceased from			
7. Birth data of) It alive, give ageyeare	and that I last eaw h			
deceased (mo., day,	yr.) Octob	er 12	, 1879				
8. AGE: Year		Days	It less than one day	Immediate cause of death			
79	9 -	18	hrs. min.			_ 40 .	
				144011		all	190
9. BirthplaceB	entenvill	e, Wa	rren Co., Va.	Due to arrere	0/30	cerous	30910
10. Usual occupation.	1	0		Due to			
11, industry or busine		or Kail		1			
監 12. Name	Jose	ph G.	Matthews	Dther conditions			
12. Name	Page	Co.,	Va.				
				(Include pregn	ancy within 3 mc	ontha of death)	****
본 14. Maiden name			lter	Major findings al operations			
14. Maiden name	Page	; Co.,	va.	Autopay results			
	Owen F	C. Wil	liamson / :				
16. Informant			PA	PHYSICIAN: Please underline	the caose to which	h death should be charge	ed statistically.
Addrees	Hagers			22. VIOLENCE: It death was du			
17 bu	rial	Bate there	of 10-31-48 (month) (day) (year)	Accident, suicide, or homicide			
(Burial, crematio	n, or removal. Which?						
Cemetery or cremat	lory		Cemetery	Whera did Injury occur?	(City or town)	(County)	(State)
Location	Hager	rstown	, Md.	Injured at home, farm, Industry,			
		364	dah P Cam	Meane of Injury		Injured at work?	
18. Funeral director	SCOTT F.	Minn	ich & Son			0	
Addrese	Hagersto	own, M	d.	104	Buck	Elly m.	0.
n.t	21 .1	1/2	La AltoBrigos	23. SIGNATUHE		М. І	D, or othes
19.	19 6	-41	wy Just	Han Hago.	stans	Mata close	10/30/48
(Date rec'd by r	egistrar)	in district	Registrar	Address Lager	stow	Date signe	10730/42

MARGIN RESERVED FOR BINDING

PLEASE WRITE



18 10 4

DURATION

M. D. on other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 30 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Washington Maryland . County Washington City or town Big Spring
(If outside city or town limits, write RURAL and give nearest town) How long in above piece of death? 3 days Hospital, Institution, or street address where death occurred: Big Spring Road Washington County Hospital (If rurai, give LOCATION) How long in heepital or institution? 3 days 3. (a) FULL NAME 3. (b) Social Security Number None Herbert McAllister MEDICAL CERTIFICATION White Ma le Divorced 21. I CERTIFY that death occurred on the data above stated: that tattended docessed from 6.(b) Name of buchand or wife. Iyda June 19.1895 decsaged (mo., dsy, yr.) If less than one day 8. AGE: INK. S s. Siringlace Washingto county, Januard. (Town, county, and state) 10. Usual occupation Farmer 11. Industry or buelnese 12. Name John W. McAllister 13. Birthplace Maryland . (Include pregnancy within 3 months of death) 14. Msiden name. t4. Melden neme Georgiana Weaver Major findiags of operations.

WITH UNFA important. Maryland. Richard McAllister especially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY Hagerstown . Maryland . Addrese 22. VIOLENCE: it desth was due to external causes, till in the tollowing: Dats thereot....Q. t. 20 1348... 11. Buria 1 (Burini, eremation, or removal. Which?) Accident, suicide, or homicide..... Cemetery or cromatery Rose Hill Cemetery Where did injury occur?(City or town) WRITE

18. Funeral director Snyder & Rowland ASE Clear Spring, Maryland. Addrese

Location Clear Spring Maryland.

corre

BINDING

Means of injury

Injured at home, ferm, Industry, public place (where?)

(Date rec'd by registrar) Date signed 0-18

RECEIVED

per targered by

OCT 22 1948

BUREAU V. S.

Noah L. Meeks 1. Set S. Color or race S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Widowed 20. Date Of Death 0.4.26 19. 1. Seth dele of deceased (mo. day, yr.) Feb = 27, 1870 1870 19. 8. AGE: Yeare Monthe Daye 15 less than one day 78 7 29 19. 10. Usual occupelion. Retired Rake Employee Due to 11. Industry or businese	Security Number
How fong in hoepftel or inelifution? 3. (a) FULL NAME Noah L. Meeks Non 5. Color or race White Widowed 9. (b) Neme of husband er wife. Selba Meeks 1. Sirth dele of deceased (mo., day, yr.) 8. AGE: Yeere Monthe Daye If less than one day 78 78 79 79 78 70 78 78	Security Number CON 948, 212. Inded deceased from
3. (b) Social S Noah L. Meeks Non 4. Sex S. Color or race White Widowed S. (b) Name of husband or wffe. Selba Meeks 1. (c) If alive, give age. 3. (b) Social S MEDICAL CERTIFICATION 1. Seth dele of deceased (mo., day, yr.) 4. Sex S. AGE: Yeere Monthe Daye If less than one day 78 7 29 MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 3. (b) Social S MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 3. (c) If alive, give age. 3. (d) Social S MEDICAL CERTIFICATION 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 3. (a) Full Social S NON 20. DATE OF DEATH. 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 22. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 3. (a) Full Social S NON 20. DATE OF DEATH. 21. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 22. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 23. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 24. I CERTIFY I had deeth occurred on the date above clafed; I had I elter 25. I compared to the date above clafed; I had I elter 26. I compared to the date above clafed; I had I elter 27. I certify I had deeth occurred on the date above clafed; I had I elter 28. AGE: Veere Monthe Day I files than one day 78	0N 948, at 2: ended deceased from 726 11
Noah L. Meeks S. Color or race Medical Certification Male White Widowed 20. Date of Death Death 19 21. I Certify I had deeth occurred on the date above elafed; I had I elter 20. Date of Death Death 19 21. I Certify I had deeth occurred on the date above elafed; I had I elter 22. Date of Death Death 19 23. I Certify I had deeth occurred on the date above elafed; I had I elter 24. Date of Death Death 19 25. Set I had deeth occurred on the date above elafed; I had I elter 26. Color or race S. Color or race MEDICAL CERTIFICATION 20. Date of Death 19 21. I CERTIFY I had deeth occurred on the date above elafed; I had I elter 21. I CERTIFY I had deeth occurred on the date above elafed; I had I elter 22. Date of Death 19 23. I CERTIFY I had deeth occurred on the date above elafed; I had I elter 24. Color or race 36. Color or race 37. Brih dele of deeth occurred on the date above elafed; I had I elter 25. Color or race 38. AGE: Yeere Monthe Daye If less than one day 39. Sirlh plee of deeth occurred on the date above elafed; I had I elter 26. Color or race 30. Date of Occurred on the date above elafed; I had I elter 27. I CERTIFY I had deeth occurred on the date above elafed; I had I elter 28. AGE: Yeere Monthe Daye I test than one day 30. Date of Occurred on the date above elafed; I had I elter 29. La Color or race 20. Date of Occurred on the date above elafed; I had I elter 21. I CERTIFY I had deeth occurred on the date above elafed; I had I elter 29. La Color or race 20. Date of Occurred on the date above elafed; I had I el	0N 948, at 2: ended deceased from 726 11
Male White Widowed 8.(b) Neme of husband or wffe. Selba Meeks 8.(c) If alive, give age years 7. Birth dele of deceased (mo., day, yr.) 8. AGE: Yeere Monthe Daye If less than one day 78 7 29 hrs. min. 8. Birthplece Bedford Co. Penna (Town, county, and state) 19. Usual occupelion. Retired R. R. Employee 11. Industry or businese	948, 212. Inded deceased from 12.6 11
8. (c) If alive, give age years 7. Birth dele of deceased (mo., day, yr.) 8. AGE: Yeere Monthe Daye If less than one day 78 7 29 hrs. min. 9. Birthpiece Bedford Co. Penna (Town, county, and state) 10. Usual occupelion. Retired Rafts Employee 11. Industry or businesee	t 2.6 1
8. (c) Heme of husband or wife Selba Meeks 7. Birth dele of deceaced (mo., day, yr.) Feb. 27, 1870 8. AGE: Veere Monthe Daye If less than one day 78 7 29 hrs. min. 8. Birthpiece Bedford Co. Penna (Town, county, and state) 10. Usual occupelion. Retired Rake Employee 11. Industry or businese	t 2.6 1
8. AGE: Yeere Monthe Daye If less than one day 78 7 29 hrs. min. 8. Birthpiece Bedford Co. Penna (Town, county, and state) 19. Usual occupelion Retired Rake Employee 11. Industry or businese	Tes 3
B. Birihpiece Bedford Co. Penna (Town, county, and state) 1B. Ucual occupelion Retired Rake Employee 11, Inductry or businese	ر 3 م
10. Usual occupation. Retired Rake Employee 11. Industry or business	
I = 17 Name	***************************************
I Daniel	
Major padings of operations	• • • • • • • • • • • • • • • • • • • •
	op
16. Informent De vid B. Meeks Brunswick , Physician: Please underline the cause to which death should be	charged statistically
Addrese 7 S. Dayton Ave Maryland . 22 VIOIENCE: If death was due to external causes, fill in the following	
Rumin Oct . 28 1948	of
Cemetery or crematory Rose Hill Cemetery Where did injury accur? (City or town) (County)) (State)
Hagerstown, Maryland . Injured at home, ferm, industry, public piece (where?)	
Meane of Injury Injured at v	
Addrese Hagerstown, Maryland.	

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CEDTIFICATE OF DEATH

10833 Br6

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants pive reside to of mother) State
How long in above place of death. Hospital, institution, or street address where death occurred:	Street No. 1600 Portuniek (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME John Miller	3. (b) Social Security Number 024-01-2090 A
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced wildowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH OF LATE 19.48, at 3:45.
5.(b) Name of husband or wite. Ole ce / Jacq	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from fully 20 19.48 to 0.4 to 19.48
7. Birth date of deceased (mo., day, yr.) and 30 - 1876	and that I tast saw h Line on Oet 5 19 48
8. AGE: Years Month Days If less than one day 72 2 6	Immediate cause of death Cerebral asterioscleroses DURATION
9. Birthplace Scotland (Town, county, and state)	Due to
1D. Usual occupation Illustrous	Due to
= 12 Name John Melles	Other conditions Paralysis agitais :
	(Include pregnancy within 8 months of death)
14. Malden name Jesse Milles 15. Birthplace Glasgow Seo Vand	Major findings of operations.
16. Informant / tasp reends.	Autopsy resolts PHYS1CIAN: Please underlise the eause to which death should be charged statistically.
Address 17. Burial, exemption, or removal, Which?) (Burial, exemption, or removal, Which?) (Burial, exemption, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18, Funeral director result H. Juvell	Means of Injury Injured at work?
Address Pikesville, md	23. SIGNATURE T.M. Clarington, 211. D. or other
(Date red d by registrar)	Address Lee Coopela Date signed 10/8/48

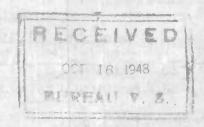
PLEASE WRITE PLAINLY, WITH UNFADING IN sepecially important. Physicians

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

301 Reg. Diat. No.

1. PLACE OF DEATH: County Washingto	n		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
Williw	manort	to DID al and give perset town)	State Maryland County Washington Williamsport		
How long in above place of death?	20 year:	te RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
dospital, institution, or street ad	dress whera death occocheague	orred:	Straat No. 141 N. Conococheague St.		
How long in hospital or institution	n?		2.(a) If veteran, nama war		
3. (a) FULL NAME			3. (b) Social Security Number		
Marien Eli	zabeth M	itchell	216-22-9155		
1. 00.		Single, marriad, widowad, or divorcad	MEDICAL CERTIFICATION		
		Married	20. DATE OF DEATH		
& (h) Name of husband or Wife	Daniel F:	redrick Mitchell	21, I CERTIFY that death occurred on the date above stated; that I attended discessed from		
O.(D) Name of Resource of With		.6.(c) If aliva, giva aga	10/11/44 19 10 0/11/48 19		
7. Birth date of decaased (mo., day, yr.)	ecember	11 1014	and that I last saw h 21 alive on 5/11/48 19		
	onths Gays		Immediate cause of death Queliful Court DURATION WE HAVE THE THE THE THE THE THE THE THE THE TH		
	10 0	hrs min.	when a need as asses Typo		
Cle	rk	anklin, Penna.	Due to		
11. Industry or business	g Store		Dua to		
12. Nama Rev.B. 13. Birthplaca Cham	F. Kinz	er Penna.	Dither conditions		
	. Alice	Kinzer	(Include pregnancy within 3 months of death) Major fiedings of operations		
16. Informant Mr. Dar Addrass William	iel Fred	rick witchell			
Burial	Data	thereof Oct. 13,1948	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide		
Cemetery or cramatory R			Whera did injury occur? (City or town) (County) (State)		
		Maryland	Injured at home, farm, industry, public place (whera?)		
18 Funaral diractor	lith v. L	eaf	Means of injury Injured at work?		
Addrass William:	sport, Md.		J. F. Young		
19. Oct -/3-	1948 7	Mrs & Jee Mi Elroy	23. SIGNATURE M. De or other Andre 2 Vi QUI South US Date signed Of 2 4		



MEDICAL EXAM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

CERTIFICATE OF DEATH

	CERTIFICA	THE OF PRICE	Reg. Dist. No	
1. PLACE OF DEATH: Washin	oton	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City or town (tf outside efty or town limit	OWI	Slate Maryland co	uniy Washingtor	l
		City or town Rural Clear	Spring	
How long in above place of death?	th accurred	Street No. Poute 40	s, write RURAL and give nea	rest town,
Washington Count	v Hospital	Street No. (If rural, give	LOCATION)	<i>[</i>
How long to hospital or inetitution?		11		
3. (a) FULL NAME			3. (b) Social Security	Number
	Dorie Virginia Mo	ore	None	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female White	Single	20. DATE OF DEATH October 2	4. 1948 . 5:7	5 P. J
near a track and the track and				
B.(b) Name of husband or wife		[]		
7. Birth date of Sent.	6.(c) If alive, give ageye	and that I last saw halive on		
decessed (mo., day, yr.)	3 2301	Immediate cause of death		DURATION
8. AGE: Years Months	Days If less than one day	. Fractured skull	***************************************	25hrs
		in. Practured skuri		251113
9. Birthplace Washington (Town, con	County, Md.	Due to intra crahial	nemorrnage	***************************************
10. Usual occupation School S				
	a studio hartinivatra higas admida a Agite	Due to		
11. Industry or business	ore	Diher conditions		
12. Name Abram S. Mo	153			
2 13. Birthplace	P. Classela	(Include pregnancy within 8		
	B. Shank	Miglot Mindings of obermitons.		
15. Birthplace Wash Co	, Md.		Oate of op	
ts taformant Abram S. M	oore	Autopsy results Manal	111 1 4 4 11 1 1 1	etatistic-#-
	ng, Md. R D	PHYSICIAN: Please underline the cause to		
tIBurial (Burial, eremation, or removat. Which?)		22. VIOLENCE: If death was due to external commendation of the suicide, or homicide. Accident, suicide, or homicide. Where did injury occur? (Cityor Koyn) Injured at home, farm, industry, public place Msens of injury	lest Date of 10,	124/48
	ul's Cemetery	Where did Injury occur? Clears p.	ing Wash!	M. (State)
		laiwad at hame farm injustry gabile rices	Parte #	-40
	ar Clear Spring, K	Means at Injuralist less aut	Injured at work?	20-
18. Funeral director	owland Funeral Her			MEDICAL E
Address Clear Sp	ring, Md.	- S. Robert 1	cells WAS	H. CO., MD

RESERVED FOR BINDING

MARGIN

PLEASE WRITE

(Date rec'd by registrar)



7-2-3-2-7

11.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STELLER

Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1	. PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington		State Maryland
	(If outside city or town limits, write RURAL and give nearest town)		County Washington
	Street address, hospital, or institution:		City or town Brousbow
	(Washington) Courter Hoopital		(If outside city or town limits, write RURAL and give nearest town)
vr ₀	Length of mother's stay in County. A Juleans. (How many years, or months, or days. SPECIFY WHICH)		Street No
	. Name of child Boy Moser #!	4.	Date of birth Q 17 19 48 Hour 31/3 PM.
5.	. Sex Male 06. Twin or the during		No. of weeks pregnancy. 20 weeks
	FATHER OF CHILD	1	MOTHER OF CHILD
8.	Full name Claude Naymond Smith	12.	Full maiden name Maril Martha Moser
	. Color 10. Age at time of this birth 2 yrs.		Color (1) 14. Age at time of this birth yrs.
11.	. Usual occupation Clerke- growing store	15.	Usual occupation unemplayed
16.	Other children born to mother (not including present child):	: (a)	How many children of this mother are now living?
_	(b) How many other children were born alive but are now dear	ad ?	(c) How many other children were born dead?
17.	. Did child die before labor? The During labor? The		Cause of stillbirth. Please he specific For towns like
18.	. Pregnancy, complications of Nylramnico		prematurity, asphyxia, etc., try to add cause thereof.
10			(a) Fetal causes Mukuawa
19.	. Labor: (a) Complications of		(b) Maternal causes Agolesmus
20.	(b) Induced? 10.	22	Leartify to the high of this shill 1
	(b) State all operations, if any (Yes or No)		I certify to the birth of this child who was born dead* on the date and hour above stated.
	(5) State all operations, it any		Signature Robert L. Cadle
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address 132W. Wash St Hage story
23.	(Burial, cremation or removal) (month) (day) (year)	25.	(a) Oct. 2/1948 (b) Chart, Dowers (Registrar)
24.	(c) Cemetery or crematory	26.	(To be filled out if no physician was present at delivery.)
1	(b) Address		The above certificate has been examined by me.
	* See Instruction C on stub	-	Health Officer, per

RECEIVED

OCT 23 1948

BUREAU V. S

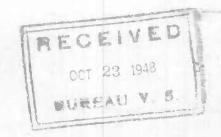
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILL

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington		State Maryland
	City or town Augustum		County Washington
	(If outside city or town Maits, write RURAL and give nearest town) Street address, hospital, or institution:		City or town Bank hor)
	(e) as liveston Courty Haspilal		(If outside city or town limits, write RURAL and give nearest town)
	Length of mother's stay in County		Street No. (If RURAL give LOCATION)
	Name of shild Boy Moser # 2	4.	Date of birth Qet, 17 1948 Hour 3:35 PM.
5.	Sex Male 9 6. Twin or triplet Turi		No. of weeks pregnancy 20 weeks
	FATHER OF CHILD	1	MOTHER OF CHILD
	Full namellande Roymond Smith	12.	Full maiden name Maril Martha Mose
9.	Color 10. Age at time of this birth 2 yrs.	13.	Color W 14 Are at time of this hints 17
11.	Usual occupation Tracery Atre Clark	15.	Usual occupation Useruployed
	Other children born to mother (not including present child)		
	(b) How many other children were born alive but are now dea	ad ?	(c) How many other children were born dead?
17.	Did child die before labor? . A.d Dyring labor Mo		Cause of stillbirth. Please be specific For terms like
18.	Pregnancy, complications of Hydramnics		prematurity, asphyxia, etc., try to add cause thereof.
10	Labore (a) Complication of Ma		(a) Fetal causes
15.	Labor: (a) Complications of (b) Induced? 10.		(b) Maternal causes . Hydramnico
20.	(a) Was there an operation for delivery? Mo	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any(Yes or No)		on the date and hour above stated.
	· .		Signature Kobert J. Keadle
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address 137 W. Wash St Hegerstaw
23.	(a)	25.	(a) Oct 2/1848 (b) Wharlest Bowers (Date ree'd by registrar) (Registrar)
24	(c) Cemetery or crematory		(To be filled out if no physician was present at delivery)
LT.	(a) Funeral director(b) Address		The above certificate has been examined by me.
	* See Instruction C on stub.	11	Health Officer, per



Rog. Dist. No.

11	MARYLAND STATE DEPARTMENT OF HE
age and	2411 N. Charles St., Baltimore
(We	CERTIFICATE OF DEATH

1. PLACE OF DEATH:	
County Masking tow	
City or town	nd give nearest town
How long in above place of death? 8 Mon U	Es 11 da

Hospilai, Institution, or street address where death occurred:

How tong In hospitat or Institution?....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If outside city or town limits, write RURAL and give nearest town)

6704 Germanhill Rd. (If rurat, give LOCATION)

3. (b) Social Security Number

3. (a) FULL NAME or John Kusti Nare Male 1. Rigth date of 1884 deceased (mo., day, yr.) It less than one day 8. AGE: 2000000000000000 cosecoseX Finland (Town, county, and state) 11. Industry or business 12. Name...... 13. Birthplace Alpa Nare Finland 14. Maiden na 15. Birthplace Baltimore City Hosp.

MEDICAL CERTIFICATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fitt in the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town) Injured al home, farm, industry, public place (where?)

Maans of injury

SE

18. Funeral director.....

Address

clearly

information of death cle

armstead en ders Eare, City Hosp.

PEIET 10N

OF DEATH

Maryland Washington

USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.

2411 N. Charles St., Baltimore

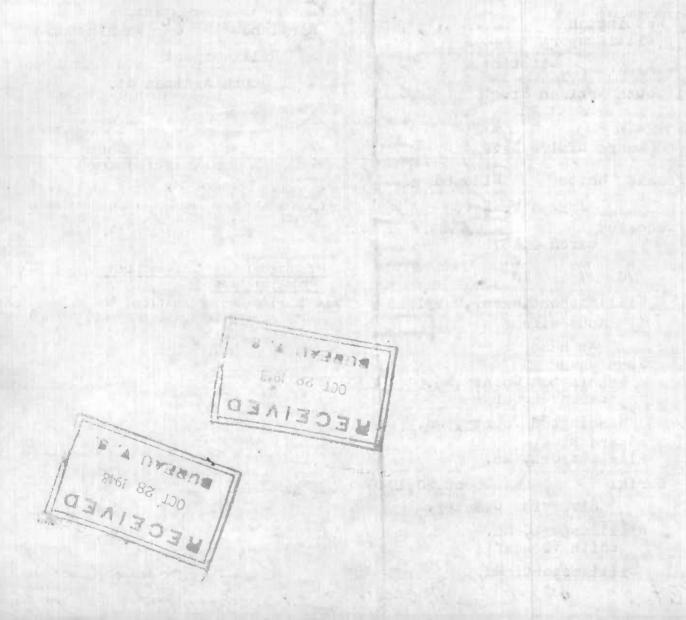
		CERTIFICAT
How long in above place Hospital, institution, or South How long in hospital or 3. (a) FULL NAM	iamsport putside city or town liv of death? street address where Artizan Institution?	St
4. Sex	1 5. Color or race	6.(a) Single, married, widowed, or divorced
Female		Widowed
Deceas 7. Birth date of deceased (mo., day, y 8. AGE: Years 76 9. Birthplace Will	March Months	Days If less than one day 20 hrs. min. t. Wash. Maryland fe
10. Usual occupation	0 • [7	***************************************
12. Name Joh	n Shank	n County, Md.
14. Maiden name.	Sarah G	ruber n County, Md.
16. Informant Edw Address Wil	ard Nave	t, Md.
Burial, cremation	Bd work	pate thereofOct26,1948iew Cemetery
Location W11	liamspor Edith V.	
- 6	lliamspo	rt. Md.
On 1	15	O V Daver II

South Artizan St. (If rural, give LOCATION) 3. (b) Social Security Number None MEDICAL CERTIFICATION OCTOBER 24, 1948 19 2 A.M. 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from YPERTENSIVE CARDIOVASCULAR RENAL DISEASE CARDIAC DECOMPENSATION EREBRAL ACCIDENT (HEMOORHAGE (Include pregnancy within 3 months of death) Major findings of operations ... PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (City or town) njured at home, farm, Industry, public place (where?) Injured at work? Means of injury

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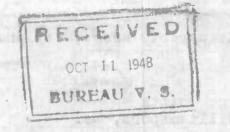
(Date rec'd by registrar)



DIAGRADI DELETIL	2 HIGHAI DESIDENCE (HOME) OF DECEASED.			
1. PLACE OF DEATH: County Washington		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?	Slate Maryland County Washington	Slate Maryland County Washington		
(If outside city or town limits, write RURAL and give nearest town)	City or town Hagerstown	, ,,,,,,,,,,,		
low long in above place of dealh?	(If outside city or town limits, write RURAL and give near	est town)		
Washington County Hospital	Street No. 213 VAIT LOTT AVE.			
low long in hospital or instilution? 3 Days	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security N	lumber		
Samuel Snively Obitts	213-12-7	274		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Widowed	20. DATE DE DEATH DE T. S. 1948.	. 90		
6.(b) Name of husband or wife Estella Wolfe Obitts	21 I CERTIFY that death accurred on the date above stated: that I attended deceas	sed from		
S.(b) Name of husband or wife		19.		
Accessed 6.(c) If alive, give ageye 7. Birth date of Japan 16. 7881	and that I last saw h alive on	19		
deceased (mo., day, yr.)	Immediate cause of death	DURATIO		
o. AGE:				
	leeprot / flus was			
9. 8irlhplace Williamsport, Wash., Maryland	Due la			
Jaborer Street Maintenance		1**** *** ****		
11. Industry or business City of Hagerstown	Due to			
Industry of business	Other conditions			
13. Birthplace Williamsport, Md.	Other conditions	******		
	(Include pregnancy within 3 months of death)			
14. Malden name Williamsport, Md.	Major fiedings of operations			
	Dale of op			
16. Interment Elmer Obitts	Actupsy results	tatistically		
Address 419 Carlton Ave., Hagerstown, M	u.			
Burial Dale thereof Oct. 8, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide			
(Burial, cremation, or removal, Which?) Date thereof. UCT. 8, 1948 (month) (day) (year)	Accident, Suicipe, of nomicioe			
Cemetery or crematory Riverview Cemetery		(State)		
Location Williamsport, Md:		************		
18 Funeral director Edith V. Leaf	Means of injury Injured at work?			
Edith V. Leaf Williamsport, Md.	AH Smile M	10		
AUTOS	23. SIGNATURE			

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)



The latest the latest

DURATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

information carefully. The coof death clearly and legibly.	City or town(II How long in above pla Hospital, institution, N	Near Kee Near Kee f outside city or town lin ce of death? or street address where one or institution?	ton lysville ints, write RURAL and give nearest town) 9 Years leath occurred: None m H.Orcutt Jr.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State		
inform s of de	4. Sex	5. Color ar race	6.(a)Singla, married, widowed, or diverced		MEDICAL CERTIFICATION	
of 1Ses	Male	White	Married	2D. DATE DF DEATH	Oct. 21, 194	
WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	7. Birth data of deceased (mo., day 52 52 52 52 52 52 52 52 52 52 52 52 52	Months O Hagers tow (Town. Rai Willia Vermon Myrtle Green	Irene B.(c) If alive, give age	and that I take saw hama Immediate cause of death Duo to	curred on the date above stated; that I attended 19. Y. to be a second of the second	
SE WRITE PLAINLY, is especially	Address N 17 Pur (Burial, cremati Cemetery or crem	ear Keedy ial on, or removal. Which? Ro Ha Andr	sville.Md	PHYSICIAN: Please uoder 22. VIOLENCE: tf death w Accident, Sulcide, or homici Whera did injury occur?	rime the cause to which death should be changed as due to external causes, fill in the following: de	

(Date rec'd by registrar)

SED: Washington URAL and give nearest town) Social Security Number

1948 3;15Am that flattended deceased from

should he charged statistically.

the following:

Date signed..

(State)



and the property of the state o

MARYLAND STATE DEPARTMENT OF HEALTH

			CERTIFICA	TE OF DEATH		302	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)			
LIG	a ma taum			State Maryland	state Maryland county Washington		
City or lown	and the state of t	its, write RU	RAL and give nearest town)	City or town. Hagerstown R # 2 (If outside city or town limits, write RURAL and give nearest town)			
How long in above place	of death?	Onthe	<u> </u>	(If outside city or town limits, write RURAL and give nesrest town) Street No. (If rural, give LOCATION)			
	rginia Av						
	r Institution?	-	***************************************		2		
3. (a) FULL NAM	E	-	- to Address defined to principal		3. (b) Social Secus		
CLINT	ON HENRY	PAYTON			None		
4. Sex	5. Color er race		married, widowed, or divorced	MEDICAL	CAL CERTIFICATION		
Male	White	Si	ngle	20. DATE OF DEATH October	22 1948	9.30	
				of Foreview and death assured on the date	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband	or wife						
7. Birth dale of		6.(c)	Il alive, give ageye	and that I last saw harmalive on			
deceased (mo., day,	yr.) Januar	y 25 1	914	Immediate cause al death			
o. Ada.	Months		hre			30 year	
34	1 8 1	21		China	family)		
9. Birthplace	enandoah	ounty, and sta	te)	Due to.	<u> </u>	2 0/2	
10. Usual occupation.	Unable t	o work	<u>L</u>	Que Io.			
			indicapped	Due 10			
	E 12. Name John H. Payton						
13. Birthplace							
	Agnes Co	ok		(Include pregnancy within 3 months of death) Major findings of operations.			
14. Maiden name Agnes Cook 15. Birthplace Canton Ill							
16. Informant Mrs. Agnes Chapman							
				Autopsy results. PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:			
Address Haherstown Md.							
17. Burial Bate I D/25/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery			Accident, suicide, or homicide	Date of	••••••		
					(County)	(State)	
Location Hagerstown Md.						***************************************	
18. Funeral director. Andrew K. Coffman					Injured at work?		
Vananatown Md					1 7		
Addrese	nage	1 S LOWI	1/0	7 23. SIGNATURE S. SW		. D. or other	
10 4	2 .10	11.40	1 1 14/3 - 1 10BA	Address Haustin		, D, or other	

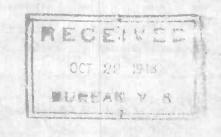


2411 N. Charles St., Baltimore

CERTIFIC	CATE OF DEATH Reg. Dist. No. 3 0 6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give esidence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Editt, Leona Per	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female W Masseed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Qet 17 19.4%, al. 57
6.(6) Name of husband or wife 6.(c) It alive, give age 3.6 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace (Town, county, and state)	and that last saw home alive on Section 19. Immediate cause of death and Syphiles E Durat Due to 19.
10. Usual occupation	Due to
14. Malden name Cla Salder 15. Birlholace May Land 16. Informant Losp. Records	Major findings of operations. Dale of op.
Address 17. (Burial, cremation, or removal. Which?) Date thereol. (grouth) (day) (year	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemelery or cremajory. A Successful Mathematical Control of the Successful Mathematical Control	Where did Injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?)
Address Hostling Ind	23. SIGNATURE J.M. Aurigton, M.

A15

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THE RESIDENCE OF THE PARTY OF T

1. PLACE OF DEATH: County Washington City or lowa Clear Spring (If outside city or cown limits, How long in above piece of death? 85 ye Recpital, institution, or circet address where death Boyd Road How tong in hospital or institution?	write RURAL and give nearest town)	State Real y Land County Was Silling County Clear Spring (If outside city or town limits, write RURAL and give nearest to Boyd Road (If rurni, give LOCATION) 2.(a) If veleran, name war.
	am Anthony Porte	
Male Scotor or rece 6. Colored 6.	(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Oct. 20, 1948 9:15, 4A
7. Birth dete et decessed (mo., dey, yr.) 8. AGE: Yeers Monthe 85 11 9. Birthpleca Clear Spring (Town, count of the coun	Deys 1 leee than one day 10 hrs. m 5.3 Md.e. 1y, end atate)	Immediate cause of death n. Chr. Myocardia Sclerosis Due to Due to Differ conditions Chr. Districtions
13. Birthplace Office O	Long Md. ter g, Md.	Antopsy results
Addreed	Dete Ihereof	Injured at home, 1arm, Industry, public place (where?)



CERTIFICATE OF DEATH

301

1 11		
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
	County (MAA)	State Maryland county Washington
	City or town	1001
	How long in above place of death?	City or town(If outside city or frown limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	street Ho. 128 South Mullerry St.
	How long in hospital or institution?	(If rural, give LOCATION)(2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
6	2 1. C Otto	5. (0) Social Security Number
	4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Female White Married	20, DATE DE DEATH 084.27, 149 21 3 P.
	5 (b) Name of husband or wite Clyde V. Potter	21. I CERTIFY that death occurred on the dato above stated: that I alterned deceased from
		Dac. 1947 10 UCT-27 1948
	7. Birth date of	and that I last saw h. & alive on Con 9, W.S.
	deceased (mo., day, yr.) 11915 3 , 18 6 8. AGE: Years Months Days It less than one day	Immediate cause of debth DURATION
	77 1 76 400	Elar aunic
		a fiely grows. 19.
	9. Birthplace Kedypielle Utach Ca. Md. (Town, county, and atate)	Due to
	10. Usuat occupation.	Que to
	11 Industry or business Own Home	00 7
	12. Hame Jack Real 13. Birthplace Sharpsburg Wash, Co. md.	Other conditions is followers 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(Include pregnancy within 3 months of death)
	14. Maiden name and Section Section 15. Birthplace Keedwardle Wash, Co. md-	
	15. Birthplace Keedwardle Wash, Co. md.	Major findings of operations
	16, Informant Clyde V. Potter	Autopsy results
	10 cl 21 d 10 d	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	200 1	22. VtOLENCE: If death was due to external causes, fill in the following:
	17 Surial, Cremation, or removal, Which?) Date thereof. Tooks. 30 . 1948 (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Robersielle Cerustry	Where did injury occur?
	Location Referently md.	Injured at home, tarm, Industry, public place (where?)
	18 Funeral director Dry 3. Bad 9 Sous	Missis of Injury trijured at work?
34	Address Boonsboro md	(Mlane we - 1
	Dot. 29. 40 & La MELLAN	23. SIGNATURE M. P. or other
	(Date rec'd by registrar)	Address / 4 / W - west 44, recognition Date signed (0/27/19

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PLEASE WRITE



Dr. Wells

CERTIFICATE OF DEATH

2411 N. Charle				arlea St., Baltimore 800		
			CERTIFICA	TE OF DEATH	Reg. Dist. No. 302	
1. PLACE OF DE.	ATH:	-		2. USUAI. RESIDENCE (HOME) OF DECEASED:		
County Ha	gerstwon		URAL and give nearest town)	State Raryland county	Washington	
How long in above place Hospital, institution, or	of death?	Hour	S	City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) Street No. 535 West Howard ct.		
			•••••••••••••••••••••••••••••••••••••••	(If rural, give LOCA None	ATION)	
3. (a) FULL NAM	E			3.	(b) Social Security Number	
4. Sex	S. Color or race	6.(a)Single	a, married, widowed, or divorced	MEDICAL CERT		
Male	White	I.	arried	20. DATE OF DEATH October 22		
6.(b) Name of hueband	or wite Lel	a Gra	ce	21. I CERTIFY that death occurred on the date above etail		
7. Birth date of			c) If alive, give age	and that I last saw halive on	19	
8. AGE: Years		Daye	It leee than one day	Immediate cause of death	DURATION	
68	0	12				
			sh. Co. Md.	Due to acute cerebral	nemortnæge	
10. Usual occupation	Reti			Bue to		
14. Maiden name.	Catherin	e Wor	ley	(Include pregnancy within 3 months		
16. Informant	Mrs Lela	Potts		Autopsy results Man		
Addrees Hagerstown Md.				PHYSICIAN: Plesse noderline the cause to which de		
17. Burulal Bate thereot 10/25/48 (month) (day) (year)				22. VIOLENCE: il death was due to external caucee, fi Accident, eulcide, or homicide	* Date o1	
Cemetery or crematory Rose Hill Cemetery						
			Md. Coffman	Injured at home, tarm, industry, public place (where?) Meene of injury	DEPUTY MEDICAL EX	
18. Funeral director Address	Hage			SPR X hu	WASH. CO., MD.	
19. Oct.	23. 48		hast Hosowers Registra	23. 51000100000000000000000000000000000000	M. D	

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M. D. of othe

md Date signed 10/30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Washington information carefully. The of death clearly and legibly State Maryland county Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) 29 years Now long in above piece of deeth?..... Hospitel, institution, or etreet eddrese where deeth occurred: 331 Mont Valla Avenue 331 Mont Valla Avenue (If rural, give LOCATION) World War 1 How long in hospitel or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Harry David Propes 705-10-4949 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION S. Color or race 4. Sex item of i Married Male White 20. DATE DF DEATH October 29. 1948 194:001 A. H. M 21. I CERTIFY thei death occurred on the date above stated; that I ettended deceased from 8.(b) Nems at huebend or wite Sarah Propes Supply every i Feby 22, 1894 7. Birth dete of deceeesd (mo., day, yr.) Days If less than one day Monthe 8. AGE: Yaere 54 p 8. Biribpiece Little Rock, Arkansas (Town, county, and state) ADING INK.
Physicians: 1 10. Usuel occupation Lechanic 11. Industry or business 12. Neme..... Unknown important (Include pregnancy within 3 months of death) 14. Maiden neme ----- Unknown 14. Malden ner Major findings of operations..... Unknown Mrs. Sarah Propes. PHYSICIAN: Please underline the cause to which death should be charged statistically. Addrese 331 Mont Valla Ave .- Hagerstown 22. VIOLENCE: If death was due to external ceuces, fill in the following: Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Accident, suicide, or homicide. 20 Whera did Injury occur?(City or town) Rest Haven Cemetery Injured at home, farm, Industry, public place (where?) Hagerstown, Md. Means of Injury DEPUTY MEDICAL EXAM. Fred W. Kraiss

Registrar

Hagerstown. Md.

PLAINLY WRITE PLEASE

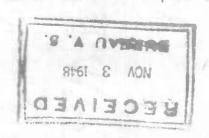
Addrese

(Date rec'd by registrar)

correct

BINDING

RESERVED



		CI	ERTIFICAT	TE OF DEAT	H	Reg.	Dist. No	302
How long in above place Nospital Institution, or Washi	Hage outside eity or town lim s of death?	73 VARIE RUKAL and gi		State Marylan	ents giva residencée d gerstowi idecity or town lim Elizebe	of mother) Wash	nington	
3. (a) FULL NAM	E	Thomas	ner			Coial Security		
4. Ssx	5. Color or race	6.(a) Single, marrisd, wido			MEDICAL O	CERTIFIC	ATION	
Male	White	Widowe	d	20. DATE OF DEATH	October	11	48	3:45 p
T. Birth date of dscsased (mo., day,	November	ace E. Re:	***************************************	21. I CERTIFY that death of the state of the	occurrad on the data a	bova ataled; tha	Get.	19 48
8. AGE: Year 72	s Months	Days If Isss than		Immediate cause of deat	1 Vasa		Disassa	DURATION GM.
10. Usual occupation. 11. Industry or busines	Reti	red nerican Ce	Md.	Due to	Totic-Hy	/	/.	14/25
41	Margaret Hagerstov	T Q +		(Include pregnancy within 3 months of death) Major findings of aperations.				
16. Intermant		am S. Garl	Aatopay results					
Addrsss Buria. 17. (Burial, cremation Cametery or cremat	l n, or removal. Which?) Rose I Hagersto	Date thereof. 10-1 (months) Hill Cemete OWn Md.	22. VIOLENCE: If death Accident, suicids, or homi Whera did lojury occur? Injured at home, farm, Ind	(City or town) (C	Date of	(State)	
18. Funeral director Address 19. Office rec'd by records and address.	Hagersto	164011	Son Registrar	Means of Injury 23. SIGNATURE	. /	seefs by 2	M. D.	13/2://

WRITE PLAINLY, is especially

PLEASE

MARGIN RESERVED FOR BINDING



12 75 F

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 302

M. D. or other

1. PLACE OF DEATH: County City or town. Page 1st 0wn (If outside city or town limita, write RURAL and give near (If outsid	st town) City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) Street No. 930 Spruce Street
Susan Richardson	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	vorced MEDICAL CERTIFICATION
Female White Widow	20. DATE DF DEATH October 28, 1948, 2:40 P.
8. Biribplace Franklin County, Pa. (Tawn, county, and atate)	min. Due to. DURAT DURAT DURAT
1D. Veuat occupation Home Duties	
12. Name. Hezekiah Luckett 13. Birthplace Frederick Co., Md. 14. Malden name. Elizabeth Koons 15. Birthplace Frederick, Co., Md. Howard E. Gossard	Julismon Scal Leave 5/4
Hovard E. Gossard 18. informant	Antippy residu.
Burial Dats thersof Oct & 2: (Burial, eremation, or removal, Which?) Cemetery or crematory Norland Cemetery Location Chambersburg, Pas	22. VIOLENCE: If death was due to external causes, fill in this following: Accident, suicide, or homicide
18. Funeral director Ered W. Krajss	
Harristown Id.	1 XVI I do on The

Registrar

(H) ARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)



,af 8:24 Am

DURATION

5 DAYS

MARYLAND STATE DEPARTMENT OF HEALTH

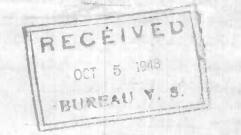
2411 N. Charles St., Baltimore

13/01

CERTIFICAT	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male M White Married	20. DATE OF DEATH OCTOBER 1, 1948 19 21 8
6.(b) Name of husband or wife dith Pearl Ridenour 6.(c) If alive, give age 58 years 7. Birth date of deceased (mo., day, yr.) Dec. 4, 1886 8. AGE: Years Months Days If less than one day	Immediate cause of death
61 9 27hrsmin.	CEREBRAL HEMORRHAGE 48
9. Birthplace Halfway, Wash. Maryland (Town, county, and state) 10. Usual occupation. Farmer 11. Industry or business Earming 12. Name. Benjamin Ridenour 13. Birthplace Washington Co., Md.	Due to HYPERTENSIVE CARDIO VASCULAR RENAL DISEASE DWX UREMIA. 5.
13. Birthplace Washington Co., Md.	(Include pregnancy within 3 months of death)
14. Maiden name Jennie Weller 15. Birthplace Washington Co., Md.	Major findings of operations. NONE.
Address Hagerstown, Md. RFD#2 17. Burial (Buriul, cremation, or removal, Which?) Cemetery or crematory Greenlawn Cemetery	Autopsy results
location Williamsport, Md.	Injured at home, farm, Industry, public place (where?)
18 Funeral director Edith V. Leaf Address Williamsport, Md.	Means of injury injured at work? 23. SIGNATURE M. D

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)



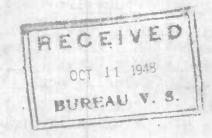
2411 N. Charles St., Baltimore

10850

			CERTIFICA	TE OF DEATH		Reg. Dist. No	502
How long in above place Hospitel, institution, or 119 How long in hospitel or	erstown gerstown utside eity or town lit of death? street address where King St	nits, write RI 40 Yes	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) Siete. Laryland Couoty Washington City or fown Hagerstown (If outside eity or town limits, write RURAL and give nearest to Street No. 119 King St. (If rural, give LOCATION) 2.(a) Il veteran, neme wer. NO.			eareat town)
3. (a) FULL NAM	2					3. (b) Social Securit	Number
MRS		NK BOY	ÆY			None	
4. Sex	5. Color or rece	b.(G)Single	, married, widowed, or divorced			ERTIFICATION	Noor
Ferale	White	1	lidow	20, DATE OF DEATH OF tob	er 4	1948 19	12
6.(b) Neme of husband 7. Birth dete of	***************************************) If elive, give egeye	end thet I last saw h	195	ve steled: that eftended de	719	
deceased (mo., dey, y		Oer I	1852	Immediata cause of diath	000		OURATION
95	11	3	hrs	Colorest			117
10. Usuel occupetion 11. Industry or busines 至 12. Name	drew N.	wife ome Funk		Oue to	47 ! 43 .	signin.	
13. Birthplace	Beaver C			(Include pregnancy	within 3 n	nonths of death)	
14. Malden name.		1)	1p	Major fiedings of operations			
15. Birthplace	Beaver C:	reek l	ld.				
	s. Brayde			Autopsy results 220			
Address Hagerstown Md.				PHYSICIAN: Please ooderline the c	nose to wh	nich death should be charge	d statistically.
17 Burial (Burial, eremation, or removat. Whieh?) Oeie thereof. 10/6/48 (month) (day) (year)				22. VIOLENCE: If death wes due to e		\ Oate of	
Cemetery or cremato	Rose I	Hill (Cemetery	Where did Injury occur?(City	or town)	(96untx)	(State)
Locetion Hagerstown Md.					-		
18. Funeret director	andrew K.	Cofi	nan	Meens of injury	0	tnjured at work?	
				111.1/00	min	yeager	
Address Hagerstown Md. 18 Oct C. 19 48 Bhash Bowers (Date rec'd by registrar) Registrar				23. SIGNATURE	ine	M. D	or other

Registrar Address Mage

MARGIN RESERVED FOR BINDING



Day H

1. PLACE OF DEATH: Washington City or town ... Hagerstown Maryland How long in above place of death? Life Hospital, institution, or street address where death occurred:

45 West North Street How long in hospital or institution?.... 3. (a) FULL NAME (Roy Scott) 6.(a) Single, married, widowed, or divorced Widower Colored Male 6.(b) Name of husband or wife Maggie Scott February 19,1886 deceased (mo., day, yr.) Years 8. AGE: 22 62

9. Birthplace Hagerstown, Wash. (Town, county, and state)

14. Maiden name Harriet Bird

12. Name John Scott

16. Informant James Scott

Burial (Burial, cremation, or removal, Which?)

11. Industry or business

10. Usual occupation Janitor

13. Birthplace Buckeystown, Maryland

Hagerstown, Maryland

Date thereof 10-15-48

2 15. Birthplace Hagerstown, Maryland

3. (b) Social Security Number 219-05-2675 MEDICAL CERTIFICATION About

(If rural, give LOCATION)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

acute intestinal obstruction strangula ted / inguinal

> hernia) chr. gle alcoholism

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to exfernal causes, till in the following:

Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)

Registrar

18. Funeral director William H. Yowney Hagerstown, Maryland

Cemetery or crematory Rose Hill Cemetery

Hagerstown, Maryland

DEPUTY MEDICAL EXAM.

PHYSICIAN: Please underline the cause tu which death should be charged statistically.



			rles St., Baltimore	d	7.00
		CERTIFICA	TE OF DEATH	Reg. Dist. No.	302
1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) (For prewhorn infants give residence	OF DECEASED:	
County	asnington				าท
		aits, write RURAL and give nearest town)	Harerstown		
How long in above place	of death?	Days			
	street address where d	eath occurred:	Street No. Moller Apt	S	
the less to be with a	18	Days	2.(a) If veieran, name war. None		
3. (a) FULL NAM	Annual Company of the		2.(4) Il reterall, walle was	3. (b) Social Securi	
				719-05-6	-
CI.AR	5. Coisr sr race	6.(a) Singls, married, widowed, er divorced	MEDICAL	CERTIFICATION	2014
110.7	white	d down a m		**	12
Vale			20. DATE DE DEATH OC tobe		
6.(b) Name of husband	or wife	ce Fuller	21. 1 CENTIFY that death occurred on the date	above stated; that I attended d	eceased from
- m. th. d. t			and that I last saw the alive on Oca	127-46	18
deceased (mo., day,	yr.) Septem	ber 18 1872	Immediata cause of death		
8. AGE: Year	Months	Days If less than one day		· · · · · · · · · · · · · · · · · · ·	
76	1	9hrs. mi	1. Chr. Myreach		
Birthplace	oodstock	Shenandoah Co. Va.	Due to		
		neer			
			Due to		
tt. Industry or busines	Retired	••37	- Brook- Bress		
当 12. Name	ILLIEU DR	ull YE			
		er Va.	(Include pregnancy within	8 months of death)	
14. Malden name	Frances	Dean	Major findings af operations		
2 15. Birthplace	Winches	ter Va.	Date of op.		
		es Slifer	Autonay results	#1 *** ** * * * * * * * * * * * * * * *	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address		stonn Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
			22. VIOLENCE: If death was due to external		
17. (Burial, cremation	, or removal, Which?)	Bate thereof 10/29/48 (month) (dsy) (year)	Accident, sulcide, or homicide		
		Haven Cemetery		n) (County)	(State)
Location	Hagers	town 1 d	Injured at home, farm, industry, public place	(where?)	
			Managed Indian	Injured at work?	
	WS.TORA	K. Goffman rstown Md	1 Shis	a K	
Address	Hage	TO TOWN WICE	9/1/A		

MARGIN RESERVED FOR BINDING

VS A15

PLEASE

(Date rec'd by registrar)

Registrar | Address.....

Date signed

M. D. ongether

HILAGONO STATES MASO.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15 SA

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For yellow infants rive residence of mother) State
3. (a) FULL NAME Synthesis Synthesi	3. (b) Social Security Number
Demale Widowed	20. DATE OF DEATH OCTOBER - 17 - 1948, at 7.P.
8.(6) Name of husband or wife 2200ge 6. Smith. 8.(c) It alive give age years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 f. and that I last say her alive on 19. 4 f.
8. AGE: Years Mighths Days It less than one day 74 4 10	Due to.
10. Usual occupation	Due lo
14 Maiden name Sarah Jones: 15. Birthplace Fred. Co. Md.	(Include pregnancy within 3 months of death) Major findings at operations
Address Boonston Mg. 16. Informant Mus. Delley Warrengelty 17. Buri al . Date thereof Octobre 20.1948	Accident, suicide, or homicide
(Burial, cremation, or removel, Which?) Cemetery or crematory Location Lo	Where did Injury occur?
Address Bronship md 19. 10 f. 1948 Monthsine Bagula (Date ree'd by registrar)	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Boanston Bate signed 1814

RECEIVED

THE REPORT OF THE PARTY OF

OCT 21 1948

WINEFALL V. S.

2411 N. Charles St., Baltimore

940

10854

		CERTIFICA	TE OF DEATH	Reg. Dist. No	305
How long in above plantospital, institution, of the long in hospital (a) FULL NAM	Washin Hagers Foutside city or town lim ce of death? 42 1 or street address where de 916 Mulbe or institution? ME Ho:	erry Ave.	Street No. 916 Mulber (If rurat, give 2.(a) it veteran, name war.	write RURAL and give n ry Ave. LOCATION) 3. (b) Social Securit 214-09	neerest town)
male	s. Color or race white	8.(a)Single, married, widowed, or divorced married		ertification 9 48	
	,yr.) Febru	Snapp 6.(c) If allve, give age 58 year ary 19, 188 9	- 0/X-1/	48 to oct 9	10 48 10 48
8. AGE: Yea	Months 7	Days If less than ona day 20minsmin	CoronaryJho		10/9/48
tO. Usual occupation	Car	ederickCo. Virginia ounty, and state) penter	Due to atleins tero	rís	67
441	Jol	Cold Storage Dorr hn Snap ederick Co., Va.	Dther conditions		
	Al.	lice Larrick ederick Co., Va.	(include pregnancy within 8:		
t6, Interment		nneth Snapp gerstown, Md.	Antopsy results		
Cemetery or crema	cial on, or removal. Which?) tory Ros	Date thereof	22. VIOLENCE: If desth was due to external cau Accident, suicide, or homicide	(County)	(State)
t8. Funeral director.	Sco	tt F. Minnich & Son	Means of Injury	tnjured at work?	^
19. (Date rec'd by r	12. ,48	erstown, Md.	23. SIGNATURE AR Porter Address 1360 Washi	field M. D inflor Date signer), or other d 10/11/48

WRITE PLEASE

FOR BINDING

RESERVED

MARGIN

BUREAU V. S.
OCT 14 1948

A15 SN

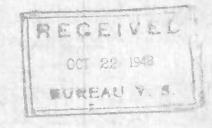
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10855 Reg. Dist. No. 306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn in this give residence of mother)
City or fown(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of dealh? 3 Moules 25 day	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. 109 facus tave
Rillie Hospila	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Etta May Stotte	le suyer None
4. Sex 5. Color or race 6.(a) Simple, married, widowed, or divorced	MEDICAL CERTIFICATION
benel white frigle	20. DATE DE DEATH. OCT. 17 1948 21 420 P.
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	June 22 19 48 10 OCT 17 19 48
7. Birth date of 71	and that Wast saw h. e. alive on Oet 17 19 # S
deceased (mo., day, yr.) Illay 25 11005	Immediate cause of douth DURATION
8. AGE: Years Months Days If less than one day	Cerebral Kemorrhage 2 = hs
7.3 ft 12	(g) (g) (g) (g)
9. Birthplace Wolfswelle Mit,	Due to Cerepral Calerios elesores
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	Jan
12. Name Llas S. Alollawys 13. Birthplace Wallsville, ned	Dither conditions Weblief Wisheld St.
	(Include pregnancy within months of death)
14. Malden name Elege Itoover	
15. Birthplace	Major findings of operations
Totala Lean de.	Antopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Camp Mitchie, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof Oct. 20,1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Smithsburg Cemetery	Where did Injury occur?
Smithsburg, Md.	
COGNICION	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director. Edith V. Leaf	Means of Injury Injured at work?
Address Williamsport, Md.	gm. lessuraton, M. D
test 14 116 Charlet	23. SIGNATURE . M. D. or other
(Date rec'd by registrar) 19. Corse 7 Registrar	Address Sileye 1400 . 200 Die signed 10/17/4
	1 000 000000000000000000000000000000000



1. 18 15.



STATE

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Naryland County Washington			
							City or town
low toar is above piece o	f deeth?	5 Year	\$	City or town (If outside city or town limits, write RURAL and give nearest town)			
localtel, inclitution, or e	treet address where	death occurred:		715 Na	Street No. 715 N. Locust St.		
715 N. Locust St.				(If rural, give LOCATION)			
low loag la hospitel or l	astitution?	***************************************		3. (b) Social Security Number None			
3. (a) FULL NAME	Annie	A. Te	etlow				
l. Ses	5. Color or race	S.(a)Single	, married, widowed, or divorced	MEDIC	AL CERTIFICATION	V	
Female	White		Widowed	20. DATE DE DEATH. Cctobe			
3.(b) Name of husband o	r wite	pert Te	tlow	21. I CERTIFY that death occurred on the	e date above stated; that I atteade	d deceased from	
	••••) It ailve, give ageye	ars and that t last saw h A.Aalive on	Detale 1	9 14	
7. Birth date of deceased (mo., day, yr,			18 53	and that t last saw halive on .			
B. AGE: Yeere	Moaths	Days	it less than one day				
95	04	14	hrs	in. Cokrmin muse		7	
					401-570-14		
9. Birthplece. Washington Co. Md. (Town, county, and state) 10. Usuel occupation. Hame duties				Due to.		***************************************	
				Due to.		***************************************	
				Due to	***************************************	***************************************	
11. tadustry or business 12. Name				Other coaditions Asterses	elevan	7	
12. Name			<u> </u>				
正 13. Birthplace ∝	Metry Let	7: 7 7		(Include pregnancy	within 3 months of death)		
14. Maidea aame		11.1.1.	•••••••••••••••••••••••••••••••••••••••	litalot timerals or obermeioner	speration.		
14. Maldea same Mary Hill 15. Birthplace Maryland 16. Mrs. Ruth Sayles					Date of op.		
16. latormast Mrs. Ruth Sayles				Autores results the ass	tilese		
			Hagerstown	PHYStCIAN: Please underline the es			
				22. VIOLENCE: It death was due to e	//		
17 Buria (Burial, eremation,	or removal. Which	Dete then	ent Oct. 21 10 (month) (day) (year)		V		
Cemetery or crematory Fairview Cemetery			Where did lajury occur?(City	or town) (County)	(State)		
Location Keedysville, Maryland							
				Manne of faiury			
18. Funeral director	Fred	W. Ki	1.1.5.5		JIK		
Address	Harer	stown	Maryland	- A SIGNATURE	Kalo	el	
Ort.	21 11	8 19	an HBrus	23. SIGNATURE		M. D. or other	
19. (Date rec'd by reg	194		Regist	rar Address Yagersto	son In Date s	igned 10/19/48	

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PLEASE WRITE VS A15



MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially

A15 SA

CERTIFICATE OF DEATH

Reg. Dist. No. 302

How long in above place Hospital, institution, or 717 Nor	Washi gerstown, putside city or town if of death? Li street addrece where th Locust r institution?	Mary nits, write if fe leath occurre Stre	rland URAL and give nearest town)	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give recidence of mother) Stete Maryland County Washington City or town. Hager stown (If outside city or town limits, write RURAL end give nessest town) Street No. 717 North Locust Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number NONE MEDICAL CERTIFICATION		
Female				20. DATE OF DEATH OF TAKE		. 7P.
7. Right date of	or wite Charl	6.(c) If alive, give egeyenrs	21 I CERTIFY that don't accurred on the date phoy	e eteted; that I attended decens 40, to Oct/12	ed from
decensed (mo., day. 8. AGE: Year	r.) Februar	y 2, Daye	1881	Immediate cause of death		DURATION
6		12	hremin.	chr. myocardi	tis	8yrs
10. Veuel occupation. 11. Industry or bosines 12. Name	Hous	ewife)	Due to		
	Florenc			(Include prognancy within 3 months of death) Major findings of operations		
	Hagerstow			Major findings of operations.		
16. Informant	Charles W	. Tho	mas	Autopsy results		
Address Hagerstown, Maryland 17. Burial (Burial, eremation, or removal, Which?) Cemetery or crematory Rest Haven Cemetery.				22. VIOLENCE: If deeth was due to external cause Accident, suicide, or homicide	Bate of	(State)
Location Ha		-	land	Injured at home, farm, Industry, public place (where?)		
1B. Funeral director	C. M. Su	********	••••••••••••••••••	Meene of injury	Injured at work?	200
Addrees H. 19. Oct. (Date rec'd by r.	16. 1948	ly by	Vland ASHBower Registrer	23. SIGNATURE & Rolling	M. D. Bate signed	ME, 0/15/48



10859

2411 N. Char	arles St., Baltimore 930		
CERTIFICA	ATE OF DEATH Reg. Dist. No. 30		
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)		
City or town. Hagerstown, Maryland (It outside city or town limits, write RURAL and give nearest town) How long in above place of death? 37 years Hospital, institution, or street address where death occurred: 145 West Church Street	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 145 West Church Street (If rural, give LOCATION)		
How long In hospital or institution?	2.(α) It veleran, name war		
Joseph Frank Whetstone	3. (b) Social Security Number 213-16-0938		
4. Sex 5. Color sr race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	_ 20. DATE DE DEATH October 17, 1948, 21 7:		
5.(b) Nams of husband or wife Molly Streetes	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from		
7. Birth dats of deceased (mo., day, yr.) November 7, 1876	ars and that I last saw h		
8. AGE: Years Months Days If less than one day	in. Least falue good II.		
9. Birthplace Frostburg, Maryland (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name Joseph Whetstone 13. Sirthplace Frostburg, Maryland	Due to		
H 14. Maiden name Miller	(include pregnancy within 3 months of desth) Major fiadiags of operations.		
15. Birthplace Frostburg, Maryland 16. Informant Joseph R. Whetstone	Date of op.		
Address Hagerstown Maryland	PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following:		
17. Burial Bale thersel 10-19-48 (month) (day) (year) Complement of the state of t	Accident, suicide, or homicide		
Hagerstown, Maryland C. M. Suter & Sons 18. Funeral director.	Injured at home, farm, Industry, public place (where?) Masses of Injury Injured at work?		
Address Hagerstown, Maryland	Masses of Injury Injured at work? 1. Poher Wellow WASH. CO., M. D. 1. Date signed O. L. R. 1. Date signed O. L. R.		
19. Oct 9. 18 48 & Pall Hower (Date rec'd by fegistrar) Registrar	Address Lagerstown ml Date signed O. J. S.		

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINL' VS A15



M. D. or other

.. Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	502
How long in above place Hospital, Institution, or	Fairyi outside city or town tin e of death? street address where d	30 y Wil	URAL and give nearest town) Years	City or toen	county Washing to	areat town)
Male	White		Widow	20. DATE OF DEATH	24-4h 10	, Zum
7. Birth date of deceased (mo., day. 8. AGE: Years	yr.) O	Days 13	It less than one day	and that I lact cause of death. Conclus Conclus Oue to	Oct 28-42	DURATION 6 740
1t. Industry or busines				oue o		*
t2. Name	Germany	a Sch	midt	Other conditions	n 3 months of death)	
16. Informant	Wilso	n, Mar		Antopsy results PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to esternal	o which death should be charged	
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Church Of God Cemetery Location Broadfording, Md ts. Funeral director. Andrew K. Coffman				Accident, eulcide, or homicide	Oate of	(State)
	Hoger	atomy	MA		11	

Registrar

Addrese....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

The correct age

RESERVED FOR BINDING

important.

WRITE PLAINLY, 1s especially

PLEASE

(Date rec'd by registrar)

M. D. or other

Date signed 10/30/48

CERTIFICA	IE OF DEATH Reg. Diat. No. 300		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
county trackingtine	A A A		
(If outside city or town limits, write RURAL and give nearest town)	State Manyland County Washington		
How long in above place of death? 34 years	City or town		
Hospital, Institution, or street address where death occurred:	Street No. Outillan and maple St.		
antietan and maple St.	(If rurat, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ida Mae Williau	nonce.		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Demale White Married	20. DATE OF DEATH October 29, 1948, 21 Zioof		
6.(6) Name of husband or wife R. Glerm Welliams	21. LEERTIFY that death occurred on the date above stated; that I attended deceased from		
	March 17, 1948 10 Och 29, 194		
7. Birth date of deceased (mo., day, yr.) Of taling - 31-1882	and that I last saw held alive on Allacer 29, 1944		
8. AGE: Years Months Days It less than one day	Immediate cruse of death		
65 11 29hrsmin.	Thomehielderic gene		
	(Ismina) Bronshopmenmon () 3 pa		
9. Birthplace (Town, county, end etate)	Due to		
10. Usual occupation Stoure lufe	Due to		
1t. Industry or business Augu Home	Jue 10.		
# 12. Name Martin alexander	Other conditions		
12. Name Martin allyander 13. Birtholace Jefferson Fred. Co. md.			
14. Maiden name Mary, Eller Stockmans	(Include pregnancy within 3 months of death)		
15. Birtholace bell on a Tred. Co. md.	Major fiediors of operations. No perations		
0 (0,1) -1	Actions results to antipary		
16. Informant D. W. Marian	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Daniston Md.	22. VIOLENCE: It death was due to externat cappes, till in the tollowing;		
Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or ciematory . 2 welsatown Cemetry	Where did injury occur? (City or town) (County) (State)		
Location Junkstonen Md.	Injured at home, tarm, industry, public place (where?)		
18 Funeral director Ury J. Bast & Sous	Means of Injury Injured 3t work?		
Address Bonolrio md.	Katheel		

Registrar Addres Maguston



4.